

(19) World Intellectual Property Organization
International Bureau



(43) International Publication Date
4 December 2003 (04.12.2003)

PCT

(10) International Publication Number
WO 03/099377 A1

(51) International Patent Classification⁷: A61N 1/36, 1/362

(21) International Application Number: PCT/IL03/00431

(22) International Filing Date: 23 May 2003 (23.05.2003)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
60/383,157 23 May 2002 (23.05.2002) US

(63) Related by continuation (CON) or continuation-in-part (CIP) to earlier application:
US 10/205,475 (CIP)
Filed on 24 July 2002 (24.07.2002)

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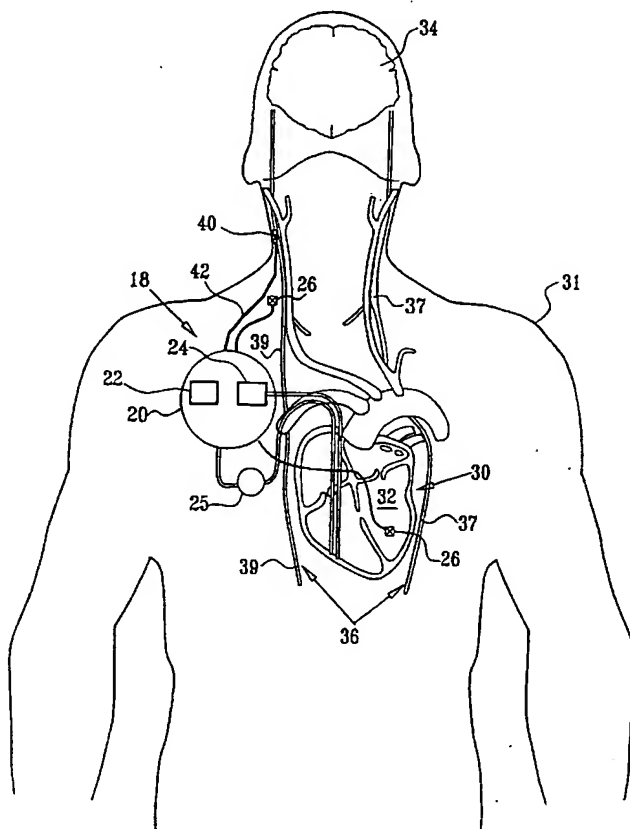
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(81) Designated States (national): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.

(84) Designated States (regional): ARIPO patent (GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM),

[Continued on next page]

(54) Title: SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART CONDITIONS



(57) Abstract: Apparatus for treating a subject (31) includes an electrode device (40), adapted to be coupled to a vagus nerve (36) of the subject (31), and a heart rate sensor (24), configured to detect a heart rate of the subject (31), and to generate a heart rate signal responsive thereto. The apparatus also includes a control unit (20), adapted to receive the heart rate signal, and, responsive to determining that the heart rate is greater than a threshold value, which threshold value is greater than a normal heart rate, drive the electrode device (40) to apply a current to the vagus nerve (36), and configure the current so as to reduce the heart rate of the subject (31).



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European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

— *before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments*

Published:

— *with international search report*

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART
CONDITIONS

CROSS-REFERENCE TO RELATED APPLICATIONS

The present patent application is a continuation-in-part of US Patent
5 Application 10/205,475, filed July 24, 2002, entitled, "Selective nerve fiber
stimulation for treating heart conditions," which is a continuation-in-part of PCT
Patent Application PCT / IL02 / 00068, filed January 23, 2002, entitled, "Treatment
of disorders by unidirectional nerve stimulation," which is a continuation-in-part of
US Patent Application 09/944,913, filed August 31, 2001, entitled, "Treatment of
10 disorders by unidirectional nerve stimulation." The '475, '068, and '913
applications are assigned to the assignee of the present patent application and are
incorporated herein by reference.

This application claims the benefit of US Provisional Patent Application
60/383,157 to Ayal et al., filed May 23, 2002, entitled, "Inverse recruitment for
15 autonomic nerve systems," which is assigned to the assignee of the present patent
application and is incorporated herein by reference.

FIELD OF THE INVENTION

The present invention relates generally to treating patients by application of
electrical signals to a selected nerve or nerve bundle, and specifically to methods
20 and apparatus for stimulating the vagus nerve for treating heart conditions.

BACKGROUND OF THE INVENTION

The use of nerve stimulation for treating and controlling a variety of
medical, psychiatric, and neurological disorders has seen significant growth over
the last several decades. In particular, stimulation of the vagus nerve (the tenth
25 cranial nerve, and part of the parasympathetic nervous system) has been the subject
of considerable research. The vagus nerve is composed of somatic and visceral
afferents (inward conducting nerve fibers, which convey impulses toward the brain)
and efferents (outward conducting nerve fibers, which convey impulses to an
effector to regulate activity such as muscle contraction or glandular secretion).

The rate of the heart is restrained in part by parasympathetic stimulation from the right and left vagus nerves. Low vagal nerve activity is considered to be related to various arrhythmias, including tachycardia, ventricular accelerated rhythm, and rapid atrial fibrillation. By artificially stimulating the vagus nerves, it is possible to slow the heart, allowing the heart to more completely relax and the ventricles to experience increased filling. With larger diastolic volumes, the heart may beat more efficiently because it may expend less energy to overcome the myocardial viscosity and elastic forces of the heart with each beat.

Stimulation of the vagus nerve has been proposed as a method for treating various heart conditions, including heart failure and atrial fibrillation. Heart failure is a cardiac condition characterized by a deficiency in the ability of the heart to pump blood throughout the body and/or to prevent blood from backing up in the lungs. Customary treatment of heart failure includes medication and lifestyle changes. It is often desirable to lower the heart rates of patients suffering from faster than normal heart rates. The effectiveness of beta blockers in treating heart disease is attributed in part to their heart-rate-lowering effect.

Bilgutay et al., in "Vagal tuning: a new concept in the treatment of supraventricular arrhythmias, angina pectoris, and heart failure," J. Thoracic Cardiovas. Surg. 56(1):71-82, July, 1968, which is incorporated herein by reference, studied the use of a permanently-implanted device with electrodes to stimulate the right vagus nerve for treatment of supraventricular arrhythmias, angina pectoris, and heart failure. Experiments were conducted to determine amplitudes, frequencies, wave shapes and pulse lengths of the stimulating current to achieve slowing of the heart rate. The authors additionally studied an external device, triggered by the R-wave of the electrocardiogram (ECG) of the subject to provide stimulation only upon an achievement of a certain heart rate. They found that when a pulsatile current with a frequency of ten pulses per second and 0.2 milliseconds pulse duration was applied to the vagus nerve, the heart rate could be decreased to half the resting rate while still preserving sinus rhythm. Low amplitude vagal stimulation was employed to control induced tachycardias and ectopic beats. The authors further studied the use of the implanted device in conjunction with the administration of Isuprel, a sympathomimetic drug. They

found that Isuprel retained its inotropic effect of increasing contractility, while its chronotropic effect was controlled by the vagal stimulation: "An increased end diastolic volume brought about by slowing of the heart rate by vagal tuning, coupled with increased contractility of the heart induced by the inotropic effect of Isuprel, appeared to increase the efficiency of cardiac performance" (p. 79).

US Patent 6,473,644 to Terry, Jr. et al., which is incorporated herein by reference, describes a method for treating patients suffering from heart failure to increase cardiac output, by stimulating or modulating the vagus nerve with a sequence of substantially equally-spaced pulses by an implanted neurostimulator.

10 The frequency of the stimulating pulses is adjusted until the patient's heart rate reaches a target rate within a relatively stable target rate range below the low end of the patient's customary resting heart rate.

US Patent Application Publication 2003/0040774 to Terry et al., which is incorporated herein by reference, describes a device for treating patients suffering from congestive heart failure. The device includes an implantable neurostimulator for stimulating the patient's vagus nerve at or above the cardiac branch with an electrical pulse waveform at a stimulating rate sufficient to maintain the patient's heart beat at a rate well below the patient's normal resting heart rate, thereby allowing rest and recovery of the heart muscle, to increase in coronary blood flow, and/or growth of coronary capillaries. A metabolic need sensor detects the patient's current physical state and concomitantly supplies a control signal to the neurostimulator to vary the stimulating rate. If the detection indicates a state of rest, the neurostimulator rate reduces the patient's heart rate below the patient's normal resting rate. If the detection indicates physical exertion, the neurostimulator rate increases the patient's heart rate above the normal resting rate.

US Patent Publication 2003/0045909 to Gross et al., which is assigned to the assignee of the present patent application and is incorporated herein by reference, describes apparatus for treating a heart condition of a subject, including an electrode device, which is adapted to be coupled to a vagus nerve of the subject.

30 A control unit is adapted to drive the electrode device to apply to the vagus nerve a stimulating current, which is capable of inducing action potentials in a therapeutic

direction in a first set and a second set of nerve fibers of the vagus nerve. The control unit is also adapted to drive the electrode device to apply to the vagus nerve an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the therapeutic direction in the second set of nerve fibers, the nerve
5 fibers in the second set having generally larger diameters than the nerve fibers in the first set.

The effect of vagal stimulation on heart rate and other aspects of heart function, including the relationship between the timing of vagal stimulation within the cardiac cycle and the induced effect on heart rate, has been studied in animals.
10 For example, Zhang Y et al., in "Optimal ventricular rate slowing during atrial fibrillation by feedback AV nodal-selective vagal stimulation," Am J Physiol Heart Circ Physiol 282:H1102-H1110 (2002), describe the application of selective vagal stimulation by varying the nerve stimulation intensity, in order to achieve graded slowing of heart rate. This article is incorporated herein by reference.

15 The following articles and book, which are incorporated herein by reference, may be of interest:

Levy MN et al., in "Parasympathetic Control of the Heart," Nervous Control of Vascular Function, Randall WC ed., Oxford University Press (1984)

Levy MN et al. ed., Vagal Control of the Heart: Experimental Basis and
20 Clinical Implications (The Bakken Research Center Series Volume 7), Futura Publishing Company, Inc., Armonk, NY (1993)

Randall WC ed., Neural Regulation of the Heart, Oxford University Press
(1977), particularly pages 100 - 106.

Armour JA et al. eds., Neurocardiology, Oxford University Press (1994)

25 Perez MG et al., "Effect of stimulating non-myelinated vagal axon on atrio-ventricular conduction and left ventricular function in anaesthetized rabbits," Auton Neurosci 86 (2001)

Jones, JFX et al., "Heart rate responses to selective stimulation of cardiac vagal C fibres in anaesthetized cats, rats and rabbits," J Physiol 489 (Pt 1):203-14
30 (1995)

Wallick DW et al., "Effects of ouabain and vagal stimulation on heart rate in the dog," *Cardiovasc. Res.*, 18(2):75-9 (1984)

Martin PJ et al., "Phasic effects of repetitive vagal stimulation on atrial contraction," *Circ. Res.* 52(6):657-63 (1983)

5 Wallick DW et al., "Effects of repetitive bursts of vagal activity on atrioventricular junctional rate in dogs," *Am J Physiol* 237(3):H275-81 (1979)

Fuster V and Ryden LE et al., "ACC/AHA/ESC Practice Guidelines--Executive Summary," *J Am Coll Cardiol* 38(4):1231-65 (2001)

Fuster V and Ryden LE et al., "ACC/AHA/ESC Practice Guidelines--Full
10 Text," *J Am Coll Cardiol* 38(4):1266i-1266lxx (2001)

Morady F et al., "Effects of resting vagal tone on accessory atrioventricular connections," *Circulation* 81(1):86-90 (1990)

Waninger MS et al., "Electrophysiological control of ventricular rate during atrial fibrillation," *PACE* 23:1239-1244 (2000)

15 Wijffels MC et al., "Electrical remodeling due to atrial fibrillation in chronically instrumented conscious goats: roles of neurohumoral changes, ischemia, atrial stretch, and high rate of electrical activation," *Circulation* 96(10):3710-20 (1997)

Wijffels MC et al., "Atrial fibrillation begets atrial fibrillation," *Circulation*
20 92:1954-1968 (1995)

Goldberger AL et al., "Vagally-mediated atrial fibrillation in dogs: conversion with bretylium tosylate," *Int J Cardiol* 13(1):47-55 (1986)

Takei M et al., "Vagal stimulation prior to atrial rapid pacing protects the atrium from electrical remodeling in anesthetized dogs," *Jpn Circ J* 65(12):1077-81
25 (2001)

Friedrichs GS, "Experimental models of atrial fibrillation/flutter," *J Pharmacological and Toxicological Methods* 43:117-123 (2000)

Hayashi H et al., "Different effects of class Ic and III antiarrhythmic drugs on vagotonic atrial fibrillation in the canine heart," *Journal of Cardiovascular Pharmacology* 31:101-107 (1998)

5 Morillo CA et al., "Chronic rapid atrial pacing. Structural, functional, and electrophysiological characteristics of a new model of sustained atrial fibrillation," *Circulation* 91:1588-1595 (1995)

Lew SJ et al., "Stroke prevention in elderly patients with atrial fibrillation," *Singapore Med J* 43(4):198-201 (2002)

10 Higgins CB, "Parasympathetic control of the heart," *Pharmacol. Rev.* 25:120-155 (1973)

Hunt R, "Experiments on the relations of the inhibitory to the accelerator nerves of the heart," *J. Exptl. Med.* 2:151-179 (1897)

Billette J et al., "Roles of the AV junction in determining the ventricular response to atrial fibrillation," *Can J Physiol Pharmacol* 53(4):575-85 (1975)

15 Stramba-Badiale M et al., "Sympathetic-Parasympathetic Interaction and Accentuated Antagonism in Conscious Dogs," *American Journal of Physiology* 260 (2Pt 2):H335-340 (1991)

20 Garrigue S et al., "Post-ganglionic vagal stimulation of the atrioventricular node reduces ventricular rate during atrial fibrillation," *PACE* 21(4), 878 (Part II) (1998)

Kwan H et al., "Cardiovascular adverse drug reactions during initiation of antiarrhythmic therapy for atrial fibrillation," *Can J Hosp Pharm* 54:10-14 (2001).

Jidéus L, "Atrial fibrillation after coronary artery bypass surgery: A study of causes and risk factors," *Acta Universitatis Upsaliensis*, Uppsala, Sweden (2001)

25 Borovikova LV et al., "Vagus nerve stimulation attenuates the systemic inflammatory response to endotoxin," *Nature* 405(6785):458-62 (2000)

Wang H et al., "Nicotinic acetylcholine receptor alpha-7 subunit is an essential regulator of inflammation," *Nature* 421:384-388 (2003)

Vanoli E et al., "Vagal stimulation and prevention of sudden death in conscious dogs with a healed myocardial infarction," *Circ Res* 68(5):1471-81 (1991)

De Ferrari GM, "Vagal reflexes and survival during acute myocardial ischemia in conscious dogs with healed myocardial infarction," *Am J Physiol* 261(1 Pt 2):H63-9 (1991)

Li D et al., "Promotion of Atrial Fibrillation by Heart Failure in Dogs: Atrial Remodeling of a Different Sort," *Circulation* 100(1):87-95 (1999)

Feliciano L et al., "Vagal nerve stimulation during muscarinic and beta-adrenergic blockade causes significant coronary artery dilation," *Cardiovasc Res* 40(1):45-55 (1998)

A number of patents describe techniques for treating arrhythmias and/or ischemia by, at least in part, stimulating the vagus nerve. Arrhythmias in which the heart rate is too fast include fibrillation, flutter and tachycardia. Arrhythmia in which the heart rate is too slow is known as bradyarrhythmia. US Patent 5,700,282 to Zabara, which is incorporated herein by reference, describes techniques for stabilizing the heart rhythm of a patient by detecting arrhythmias and then electronically stimulating the vagus and cardiac sympathetic nerves of the patient. The stimulation of vagus efferents directly causes the heart rate to slow down, while the stimulation of cardiac sympathetic nerve efferents causes the heart rate to quicken.

US Patent 5,330,507 to Schwartz, which is incorporated herein by reference, describes a cardiac pacemaker for preventing or interrupting tachyarrhythmias and for applying pacing therapies to maintain the heart rhythm of a patient within acceptable limits. The device automatically stimulates the right or left vagus nerves as well as the cardiac tissue in a concerted fashion dependent upon need. Continuous and/or phasic electrical pulses are applied. Phasic pulses are applied in a specific relationship with the R-wave of the ECG of the patient.

European Patent Application EP 0 688 577 to Holmström et al., which is incorporated herein by reference, describes a device to treat atrial tachyarrhythmia

by detecting arrhythmia and stimulating a parasympathetic nerve that innervates the heart, such as the vagus nerve.

US Patents 5,690,681 and 5,916,239 to Geddes et al., which are incorporated herein by reference, describe closed-loop, variable-frequency, vagal-stimulation apparatus for control of ventricular rate during atrial fibrillation. The apparatus stimulates the left vagus nerve, and automatically and continuously adjusts the vagal stimulation frequency as a function of the difference between actual and desired ventricular excitation rates. In an alternative embodiment, the apparatus automatically adjusts the vagal stimulation frequency as a function of the difference between ventricular excitation rate and arterial pulse rate in order to eliminate or minimize pulse deficit.

US Patent 5,203,326 to Collins, which is incorporated herein by reference, describes a pacemaker which detects a cardiac abnormality and responds with electrical stimulation of the heart combined with vagus nerve stimulation. The vagal stimulation frequency is progressively increased in one-minute intervals, and, for the pulse delivery rate selected, the heart rate is described as being slowed to a desired, stable level by increasing the pulse current.

US Patent 6,511,500 to Rahme, which is incorporated herein by reference, describes various aspects of the effects of autonomic nervous system tone on atrial arrhythmias, and its interaction with class III antiarrhythmic drug effects. The significance of sympathetic and parasympathetic activation are described as being evaluated by determining the effects of autonomic nervous system using vagal and stellar ganglions stimulation, and by using autonomic nervous system neurotransmitters infusion (norepinephrine, acetylcholine).

US Patent 5,199,428 to Obel et al., which is incorporated herein by reference, describes a cardiac pacemaker for detecting and treating myocardial ischemia. The device automatically stimulates the vagal nervous system as well as the cardiac tissue in a concerted fashion in order to decrease cardiac workload and thereby protect the myocardium.

US Patents 5,334,221 to Bardy and 5,356,425 to Bardy et al., which are incorporated herein by reference, describe a stimulator for applying stimulus pulses

to the AV nodal fat pad in response to the heart rate exceeding a predetermined rate, in order to reduce the ventricular rate. The device also includes a cardiac pacemaker which serves to pace the ventricle in the event that the ventricular rate is lowered below a pacing rate, and provides for feedback control of the stimulus parameters applied to the AV nodal fat pad, as a function of the determined effect of the stimulus pulses on the heart rate.

US Patent 5,522,854 to Ideker et al., which is incorporated herein by reference, describes techniques for preventing arrhythmia by detecting a high risk of arrhythmia and then stimulating afferent nerves to prevent the arrhythmia.

US Patent 6,434,424 to Igel et al., which is incorporated herein by reference, describes a pacing system with a mode switching feature and ventricular rate regularization function adapted to stabilize or regularize ventricular heart rate during chronic or paroxysmal atrial tachyarrhythmia.

US Patent Application Publication 2002/0120304 to Mest, which is incorporated herein by reference, describes a method for regulating the heart rate of a patient by inserting into a blood vessel of the patient a catheter having an electrode at its distal end, and directing the catheter to an intravascular location so that the electrode is adjacent to a selected cardiac sympathetic or parasympathetic nerve.

US Patents 6,006,134 and 6,266,564 to Hill et al., which are incorporated herein by reference, describe an electro-stimulation device including a pair of electrodes for connection to at least one location in the body that affects or regulates the heartbeat.

PCT Publication WO 02/085448 to Foreman et al., which is incorporated herein by reference, describes a method for protecting cardiac function and reducing the impact of ischemia on the heart, by electrically stimulating a neural structure capable of carrying the predetermined electrical signal from the neural structure to the "intrinsic cardiac nervous system," which is defined and described therein.

US Patent 5,243,980 to Mehra, which is incorporated herein by reference, describes techniques for discrimination between ventricular and supraventricular tachycardia. In response to the detection of the occurrence of a tachycardia,

stimulus pulses are delivered to one or both of the SA and AV nodal fat pads. The response of the heart rhythm to these stimulus pulses is monitored. Depending upon the change or lack of change in the heart rhythm, a diagnosis is made as to the origin of the tachycardia.

5 US Patent 5,658,318 to Stroetmann et al., which is incorporated herein by reference, describes a device for detecting a state of imminent cardiac arrhythmia in response to activity in nerve signals conveying information from the autonomic nerve system to the heart. The device comprises a sensor adapted to be placed in an extracardiac position and to detect activity in at least one of the sympathetic and
10 vagus nerves.

US Patent 6,292,695 to Webster, Jr. et al., which is incorporated herein by reference, describes a method for controlling cardiac fibrillation, tachycardia, or cardiac arrhythmia by the use of a catheter comprising a stimulating electrode, which is placed at an intravascular location. The electrode is connected to a
15 stimulating means, and stimulation is applied across the wall of the vessel, transvascularily, to a sympathetic or parasympathetic nerve that innervates the heart at a strength sufficient to depolarize the nerve and effect the control of the heart.

US Patent 6,134,470 to Hartlaub, which is incorporated herein by reference, describes an implantable anti-arrhythmia system which includes a spinal cord
20 stimulator coupled to an implantable heart rhythm monitor. The monitor is adapted to detect the occurrence of tachyarrhythmias or of precursors thereto and, in response, trigger the operation of the spinal cord stimulator in order to prevent occurrences of tachyarrhythmias and/or as a stand-alone therapy for termination of tachyarrhythmias and/or to reduce the level of aggressiveness required of an
25 additional therapy such as antitachycardia pacing, cardioversion or defibrillation.

A number of patents and articles describe other methods and devices for stimulating nerves to achieve a desired effect. Often these techniques include a design for an electrode or electrode cuff.

US Patent Publication 2003/0050677 to Gross et al., which is assigned to
30 the assignee of the present patent application and is incorporated herein by reference, describes apparatus for applying current to a nerve. A cathode is adapted

to be placed in a vicinity of a cathodic longitudinal site of the nerve and to apply a cathodic current to the nerve. A primary inhibiting anode is adapted to be placed in a vicinity of a primary anodal longitudinal site of the nerve and to apply a primary anodal current to the nerve. A secondary inhibiting anode is adapted to be placed in
5 a vicinity of a secondary anodal longitudinal site of the nerve and to apply a secondary anodal current to the nerve, the secondary anodal longitudinal site being closer to the primary anodal longitudinal site than to the cathodic longitudinal site.

US Patents 4,608,985 to Crish et al. and 4,649,936 to Ungar et al., which are incorporated herein by reference, describe electrode cuffs for selectively blocking
10 orthodromic action potentials passing along a nerve trunk, in a manner intended to avoid causing nerve damage.

PCT Patent Publication WO 01/10375 to Felsen et al., which is incorporated herein by reference, describes apparatus for modifying the electrical behavior of nervous tissue. Electrical energy is applied with an electrode to a nerve in order to
15 selectively inhibit propagation of an action potential.

US Patent 5,755,750 to Petruska et al., which is incorporated herein by reference, describes techniques for selectively blocking different size fibers of a nerve by applying direct electric current between an anode and a cathode that is larger than the anode. The current applied to the electrodes blocks nerve
20 transmission, but, as described, does not activate the nerve fibers in either direction.

The following articles, which are incorporated herein by reference, may be of interest:

Ungar IJ et al., "Generation of unidirectionally propagating action potentials using a monopolar electrode cuff," *Annals of Biomedical Engineering*, 14:437-450
25 (1986)

Sweeney JD et al., "An asymmetric two electrode cuff for generation of unidirectionally propagated action potentials," *IEEE Transactions on Biomedical Engineering*, vol. BME-33(6) (1986)

Sweeney JD et al., "A nerve cuff technique for selective excitation of peripheral nerve trunk regions," IEEE Transactions on Biomedical Engineering, 37(7) (1990)

5 Naples GG et al., "A spiral nerve cuff electrode for peripheral nerve stimulation," by IEEE Transactions on Biomedical Engineering, 35(11) (1988)

van den Honert C et al., "Generation of unidirectionally propagated action potentials in a peripheral nerve by brief stimuli," Science, 206:1311-1312 (1979)

10 van den Honert C et al., "A technique for collision block of peripheral nerve: Single stimulus analysis," MP-11, IEEE Trans. Biomed. Eng. 28:373-378 (1981)

van den Honert C et al., "A technique for collision block of peripheral nerve: Frequency dependence," MP-12, IEEE Trans. Biomed. Eng. 28:379-382 (1981)

15 Rijkhoff NJ et al., "Acute animal studies on the use of anodal block to reduce urethral resistance in sacral root stimulation," IEEE Transactions on Rehabilitation Engineering, 2(2):92 (1994)

Mushahwar VK et al., "Muscle recruitment through electrical stimulation of the lumbo-sacral spinal cord," IEEE Trans Rehabil Eng; 8(1):22-9 (2000)

20 Deurloo KE et al., "Transverse tripolar stimulation of peripheral nerve: a modelling study of spatial selectivity," Med Biol Eng Comput, 36(1):66-74 (1998)

Tarver WB et al., "Clinical experience with a helical bipolar stimulating lead," Pace, Vol. 15, October, Part II (1992)

Manfredi M, "Differential block of conduction of larger fibers in peripheral nerve by direct current," Arch. Ital. Biol., 108:52-71 (1970)

25 In physiological muscle contraction, nerve fibers are recruited in the order of increasing size, from smaller-diameter fibers to progressively larger-diameter fibers. In contrast, artificial electrical stimulation of nerves using standard techniques recruits fibers in a larger- to smaller-diameter order, because larger-diameter fibers have a lower excitation threshold. This unnatural recruitment order

causes muscle fatigue and poor force gradation. Techniques have been explored to mimic the natural order of recruitment when performing artificial stimulation of nerves to stimulate muscles.

5 Fitzpatrick et al., in "A nerve cuff design for the selective activation and blocking of myelinated nerve fibers," Ann. Conf. of the IEEE Eng. in Medicine and Biology Soc, 13(2), 906 (1991), which is incorporated herein by reference, describe a tripolar electrode used for muscle control. The electrode includes a central cathode flanked on its opposite sides by two anodes. The central cathode generates action potentials in the motor nerve fiber by cathodic stimulation. One of the
10 anodes produces a complete anodal block in one direction so that the action potential produced by the cathode is unidirectional. The other anode produces a selective anodal block to permit passage of the action potential in the opposite direction through selected motor nerve fibers to produce the desired muscle stimulation or suppression.

15 The following articles, which are incorporated herein by reference, may be of interest:

Rijkhoff NJ et al., "Orderly recruitment of motoneurons in an acute rabbit model," Ann. Conf. of the IEEE Eng., Medicine and Biology Soc., 20(5):2564. (1998)

20 Rijkhoff NJ et al., "Selective stimulation of small diameter nerve fibers in a mixed bundle," Proceedings of the Annual Project Meeting Sensations/Neuros and Mid-Term Review Meeting on the TMR-Network Neuros, April 21-23, 1999, pp. 20-21 (1999)

25 Baratta R et al., "Orderly stimulation of skeletal muscle motor units with tripolar nerve cuff electrode," IEEE Transactions on Biomedical Engineering, 36(8):836-43 (1989)

Levy MN, Blattberg B., "Effect of vagal stimulation on the overflow of norepinephrine into the coronary sinus during sympathetic nerve stimulation in the dog," Circ Res 1976 Feb; 38(2):81-4

30 Lavalley et al. "Muscarinic inhibition of endogenous myocardial

catecholamine liberation in the dog," Can J Physiol Pharmacol 1978 Aug; 56(4):642-9

Mann DL, Kent RL, Parsons B, Cooper G, "Adrenergic effects on the biology of the adult mammalian cardiocyte," Circulation 1992 Feb; 85(2):790-804

5 Mann DL, "Basic mechanisms of disease progression in the failing heart: role of excessive adrenergic drive," Prog Cardiovasc Dis 1998 Jul-Aug; 41(1 suppl 1):1-8

Barzilai A, Daily D, Zilkha-Falb R, Ziv I, Offen D, Melamed E, Sirv A, "The molecular mechanisms of dopamine toxicity," Adv Neurol 2003; 91:73-82

10 The following articles, which are incorporated herein by reference, describe techniques using point electrodes to selectively excite peripheral nerve fibers:

Grill WM et al., "Inversion of the current-distance relationship by transient depolarization," IEEE Trans Biomed Eng, 44(1):1-9 (1997)

15 Goodall EV et al., "Position-selective activation of peripheral nerve fibers with a cuff electrode," IEEE Trans Biomed Eng, 43(8):851-6 (1996)

Veraart C et al., "Selective control of muscle activation with a multipolar nerve cuff electrode," IEEE Trans Biomed Eng, 40(7):640-53 (1993)

As defined by Rattay, in the article, "Analysis of models for extracellular fiber stimulation," IEEE Transactions on Biomedical Engineering, Vol. 36, no. 2, p. 20 676, 1989, which is incorporated herein by reference, the activation function (AF) is the second spatial derivative of the electric potential along an axon. In the region where the activation function is positive, the axon depolarizes, and in the region where the activation function is negative, the axon hyperpolarizes. If the activation function is sufficiently positive, then the depolarization will cause the axon to 25 generate an action potential; similarly, if the activation function is sufficiently negative, then local blocking of action potentials transmission occurs. The activation function depends on the current applied, as well as the geometry of the electrodes and of the axon.

30 For a given electrode geometry, the equation governing the electrical potential is:

$$\nabla(\sigma \nabla U) = 4\pi j,$$

where U is the potential, σ is the conductance tensor specifying the conductance of the various materials (electrode housing, axon, intracellular fluid, etc.), and j is a scalar function representing the current source density specifying the locations of current injection.

SUMMARY OF THE INVENTION

In embodiments of the present invention, apparatus for treating a heart condition comprises a multipolar electrode device that is applied to a portion of a vagus nerve that innervates the heart of a patient. Typically, the system is configured to treat heart failure and/or heart arrhythmia, such as atrial fibrillation or tachycardia. A control unit typically drives the electrode device to (i) apply signals to induce the propagation of efferent action potentials towards the heart, and (ii) suppress artificially-induced afferent and efferent action potentials, in order to minimize any unintended side effect of the signal application.

The control unit typically suppresses afferent action potentials induced by the cathodic current by inhibiting essentially all or a large fraction of fibers using anodal current ("afferent anodal current") from a second set of one or more anodes (the "afferent anode set"). The afferent anode set is typically placed between the central cathode and the edge of the electrode device closer to the brain (the "afferent edge"), to block a large fraction of fibers from conveying signals in the direction of the brain during application of the afferent anodal current.

In some embodiments of the present invention, the cathodic current is applied with an amplitude sufficient to induce action potentials in large- and medium-diameter fibers (e.g., A- and B-fibers), but insufficient to induce action potentials in small-diameter fibers (e.g., C-fibers). Simultaneously, a small anodal current is applied in order to inhibit action potentials induced by the cathodic current in the large-diameter fibers (e.g., A-fibers). This combination of cathodic and anodal current generally results in the stimulation of medium-diameter fibers (e.g., B-fibers) only. At the same time, a portion of the afferent action potentials induced by the cathodic current are blocked, as described above. By not stimulating large-diameter fibers, such stimulation generally avoids adverse effects

sometimes associated with recruitment of such large fibers, such as dyspnea and hoarseness. Stimulation of small-diameter fibers is avoided because these fibers transmit pain sensations and are important for regulation of reflexes such as respiratory reflexes.

5 In some embodiments of the present invention, the efferent anode set comprises a plurality of anodes. Application of the efferent anodal current in appropriate ratios from the plurality of anodes in these embodiments generally minimizes the "virtual cathode effect," whereby application of too large an anodal current creates a virtual cathode, which stimulates rather than blocks fibers. When
10 such techniques are not used, the virtual cathode effect generally hinders blocking of smaller-diameter fibers, because a relatively large anodal current is typically necessary to block such fibers, and this same large anodal current induces the virtual cathode effect. Likewise, the afferent anode set typically comprises a plurality of anodes in order to minimize the virtual cathode effect in the direction of
15 the brain.

 In some embodiments of the present invention, the efferent and afferent anode sets each comprise exactly one electrode, which are directly electrically coupled to each other. The cathodic current is applied with an amplitude sufficient to induce action potentials in large- and medium-diameter fibers (e.g., A- and B-
20 fibers), but insufficient to induce action potentials in small-diameter fibers (e.g., C-fibers). Simultaneously, an anodal current is applied in order to inhibit action potentials induced by the cathodic current in the large-diameter fibers (e.g., A-fibers), but not in the small- and medium-diameter fibers (e.g., B- and C-fibers). This combination of cathodic and anodal current generally results in the stimulation
25 of medium-diameter fibers (e.g., B-fibers) only.

 Typically, parasympathetic stimulation of the vagus nerve is applied responsive to one or more sensed physiological parameters or other parameters, such as heart rate, electrocardiogram (ECG), blood pressure, indicators of cardiac contractility, cardiac output, norepinephrine concentration, baroreflex sensitivity, or
30 motion of the patient. Typically, stimulation is applied in a closed-loop system in

order to achieve and maintain a desired heart rate responsive to one or more such sensed parameters.

In some embodiments of the present invention, vagal stimulation is applied in a burst (i.e., a series of pulses). The application of the burst in each cardiac cycle typically commences after a variable delay after a detected R-wave, P-wave, or other feature of an ECG. The delay is typically calculated in real time using a function, the inputs of which include one or more pre-programmed but updateable constants and one or more sensed parameters, such as the R-R interval between cardiac cycles and/or the P-R interval. Alternatively or additionally, a lookup table of delays is used to determine in real time the appropriate delay for each application of pulses, based on the one or more sensed parameters.

In some embodiments of the present invention, the control unit is configured to drive the electrode device to stimulate the vagus nerve so as to reduce the heart rate of the subject towards a target heart rate. Parameters of stimulation are varied in real time in order to vary the heart-rate-lowering effects of the stimulation. In embodiments of the present invention in which the stimulation is applied in a series of pulses that are synchronized with the cardiac cycle of the subject, such as described hereinabove, parameters of such pulse series typically include, but are not limited to: (a) timing of the stimulation within the cardiac cycle, (b) pulse duration (width), (c) pulse repetition interval, (d) pulse period, (e) number of pulses per burst, also referred to herein as "pulses per trigger" (PPT), (f) amplitude, (g) duty cycle, (h) choice of vagus nerve, and (i) "on"/"off" ratio and timing (i.e., during intermittent operation).

Advantageously, the techniques described herein generally enable relatively fine control of the level of stimulation of the vagus nerve, by imitating the natural physiological smaller-to-larger diameter recruitment order of nerve fibers. This recruitment order allows improved and more natural control over the heart rate. Such fine control is particularly advantageous when applied in a closed-loop system, wherein such control results in smaller changes in heart rate and lower latencies in the control loop, which generally contribute to greater loop stability and reduced loop stabilization time.

"Vagus nerve," and derivatives thereof, as used in the specification and the claims, is to be understood to include portions of the left vagus nerve, the right vagus nerve, and branches of the vagus nerve such as the superior cardiac nerve, superior cardiac branch, and inferior cardiac branch. Similarly, stimulation of the vagus nerve is described herein by way of illustration and not limitation, and it is to be understood that stimulation of other autonomic nerves, including nerves in the epicardial fat pads, for treatment of heart conditions or other conditions, is also included within the scope of the present invention.

"Heart failure," as used in the specification and the claims, is to be understood to include all forms of heart failure, including ischemic heart failure, non-ischemic heart failure, and diastolic heart failure.

There is therefore provided, in accordance with an embodiment of the present invention, apparatus for treating a heart condition of a subject, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to:

drive the electrode device to apply to the vagus nerve a stimulating current, which is capable of inducing action potentials in a therapeutic direction in a first set and a second set of nerve fibers of the vagus nerve, and

drive the electrode device to apply to the vagus nerve an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the therapeutic direction in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

Typically, the therapeutic direction is an efferent therapeutic direction towards a heart of the subject. Alternatively or additionally, the therapeutic direction is an afferent therapeutic direction towards a brain of the subject.

In an embodiment, the control unit increases a number of action potentials traveling in the therapeutic direction by decreasing an amplitude of the applied inhibiting current, and/or decreases a number of action potentials traveling in the therapeutic direction by increasing an amplitude of the applied inhibiting current.

In an embodiment, the heart condition includes heart failure and/or cardiac arrhythmia, and the apparatus is adapted to treat the heart condition.

Optionally, the apparatus includes an override, adapted to be used by the subject so as to influence the application by the electrode device of the stimulating
5 and inhibiting currents.

In an embodiment, the apparatus includes a pacemaker, and the control unit is adapted to drive the pacemaker to apply pacing pulses to a heart of the subject. Alternatively, the apparatus includes an implantable cardioverter defibrillator (ICD), and the control unit is adapted to drive the ICD to apply energy to a heart of
10 the subject.

Typically, the control unit is adapted to drive the electrode device to apply the stimulating current and/or the inhibiting current in a series of pulses.

In an embodiment, the control unit receives an electrical signal from the electrode device, and drives the electrode device to regulate the stimulating and/or
15 inhibiting current responsive to the electrical signal.

Typically, the electrode device includes a cathode, adapted to apply the stimulating current, and a primary set of anodes, which applies the inhibiting current. For some applications, the primary set of anodes includes a primary anode and a secondary anode, disposed so that the primary anode is located between the
20 secondary anode and the cathode, and the secondary anode applies a current with an amplitude less than about one half an amplitude of a current applied by the primary anode.

Typically, the control unit is adapted to drive the electrode device to apply the stimulating current so as to regulate a heart rate of the subject. For some
25 applications, the control unit is adapted to drive the electrode device to regulate an amplitude of the stimulating current so as to regulate the heart rate of the subject.

Alternatively or additionally, the control unit drives the electrode device to apply the inhibiting current so as to regulate a heart rate of the subject. In this case, the control unit typically drives the electrode device to regulate an amplitude of the
30 inhibiting current so as to regulate the heart rate of the subject.

Typically, the control unit is adapted to drive the electrode device to apply the stimulating and inhibiting currents in a series of pulses. For some applications, the control unit:

- 5 • drives the electrode device to apply the stimulating and inhibiting currents in a series of about one to 20 pulses,
- configures the pulses to have a duration of between about one and three milliseconds, and/or
- 10 • drives the electrode device to apply the stimulating and inhibiting currents in the series of pulses over a period of between about one and about 200 milliseconds.

Typically, the control unit drives the electrode device to apply the stimulating and inhibiting currents in the series of pulses so as to regulate a heart rate of the subject. For some applications, the control unit regulates the number of pulses in the series of pulses so as to regulate the heart rate of the subject.

15 Optionally, the control unit regulates a duration of each pulse so as to regulate the heart rate of the subject. Optionally, the control unit varies a length of a period of application of the series of pulses so as to regulate the heart rate of the subject.

In an embodiment, the control unit drives the electrode device to apply to the vagus nerve a second inhibiting current, which is capable of inhibiting device-

20 induced action potentials traveling in a non-therapeutic direction opposite the therapeutic direction in the first and second sets of nerve fibers.

Typically, the control unit drives the electrode device to apply the second inhibiting current to the vagus nerve at a primary and a secondary location, the primary location located between the secondary location and an application location

25 of the stimulating current, and to apply at the secondary location a current with an amplitude less than about one half an amplitude of a current applied at the primary location.

In an embodiment, the apparatus includes a sensor unit, and the control unit is adapted to receive at least one sensed parameter from the sensor unit, and to drive

the electrode device to apply the stimulating and inhibiting currents responsive to the at least one sensed parameter.

Typically, the control unit is programmed with a predetermined target heart rate, or is adapted to determine a target heart rate of the subject responsive to the at least one sensed parameter, and the control unit is adapted to drive the electrode device to apply the stimulating and inhibiting currents so as to adjust a heart rate of the subject towards the target heart rate.

The sensor unit may include one or more of the following sensors, in which case the control unit receives the at least one sensed parameter from the following one or more sensors:

- a blood pressure sensor,
- a left ventricular pressure (LVP) sensor,
- an accelerometer (in which case, the at least one sensed parameter includes motion of the subject),
- a detector of norepinephrine concentration in the subject,
- an ECG sensor,
- a respiration sensor, and/or
- an impedance cardiography sensor.

Alternatively or additionally, the at least one sensed parameter includes an indicator of decreased cardiac contractility, an indicator of cardiac output, and/or an indicator of a time derivative of a LVP, and the control unit receives the indicator.

In an embodiment, the sensor unit includes an electrocardiogram (ECG) monitor, the at least one sensed parameter includes an ECG value, and the control unit receives the at least one sensed parameter from the ECG monitor.

Typically, the at least one sensed parameter includes an ECG reading indicative of a presence of arrhythmia, and the control unit is adapted to receive the at least one sensed parameter from the ECG monitor. Optionally, the at least one sensed parameter includes an indication of a heart rate of the subject, and the control unit is adapted to receive the indication of the heart rate. Further optionally,

the at least one sensed parameter includes indications of a plurality of heart rates of the subject at a respective plurality of points in time, and the control unit is adapted to receive the at least one sensed parameter and to determine a measure of variability of heart rate responsive thereto.

5 In an embodiment, the sensor unit is adapted to sense an initiation physiological parameter and a termination physiological parameter of the subject, and the control unit is adapted to drive the electrode device to apply the stimulating and inhibiting currents to the vagus nerve after a delay, to initiate the delay responsive to the sensing of the initiation physiological parameter, and to set a
10 length of the delay responsive to the termination physiological parameter.

Typically, the control unit is adapted to determine a target heart rate of the subject responsive to the at least one sensed parameter, and the control unit is adapted to set the delay so as to adjust the heart rate towards the target heart rate.

Optionally, the termination physiological parameter includes an
15 atrioventricular (AV) delay of the subject, and the control unit is adapted to set the length of the delay responsive to the AV delay.

Typically, the sensor unit includes an electrocardiogram (ECG) monitor, and the initiation physiological parameter includes a P-wave or R-wave of a cardiac cycle of the subject, and wherein the control unit is adapted to initiate the delay
20 responsive to the sensing of the P-wave or R-wave, as the case may be. Typically, the termination physiological parameter includes a difference in time between two features of an ECG signal recorded by the ECG monitor, such as an R-R interval, between a sensing of an R-wave of a first cardiac cycle of the subject and a sensing of an R-wave of a next cardiac cycle of the subject, or a P-R interval between a
25 sensing of a P-wave of a cardiac cycle of the subject and a sensing of an R-wave of the cardiac cycle, and the control unit sets the length of the delay and/or the magnitude of the stimulation responsive to the termination physiological parameter.

There is further provided, in accordance with an embodiment of the present invention, apparatus for treating a heart condition of a subject, including:

30 a cathode, adapted to apply to a vagus nerve of the subject a stimulating current which is capable of inducing action potentials in the vagus nerve; and

a primary and a secondary anode, adapted to be disposed so that the primary anode is located between the secondary anode and the cathode, and adapted to apply to the vagus nerve respective primary and secondary inhibiting currents which are capable of inhibiting action potentials in the vagus nerve.

5 Typically, the primary and secondary anodes are adapted to be placed between about 0.5 and about 2.0 millimeters apart from one another. The secondary anode is typically adapted to apply the secondary inhibiting current with an amplitude equal to between about 2 and about 5 milliamps. The secondary anode is typically adapted to apply the secondary inhibiting current with an amplitude less
10 than about one half an amplitude of the primary inhibiting current applied by the primary anode.

In an embodiment, the primary anode, the secondary anode, and/or the cathode includes a ring electrode adapted to apply a generally uniform current around a circumference of the vagus nerve. Alternatively or additionally, the
15 primary anode, the secondary anode, and/or the cathode includes a plurality of discrete primary anodes, adapted to be disposed at respective positions around an axis of the vagus nerve.

Optionally, the apparatus includes a tertiary anode, adapted to be disposed such that the secondary anode is between the tertiary anode and the primary anode.

20 Typically, the electrode device includes an efferent edge, and the cathode is adapted to be disposed closer than the anodes to the efferent edge of the electrode device.

Typically, the cathode and/or the anodes are adapted to apply the stimulating current so as to regulate a heart rate of the subject.

25 Optionally, the cathode includes a plurality of discrete cathodes, adapted to be disposed at respective positions around an axis of the vagus nerve, so as to selectively stimulate nerve fibers of the vagus nerve responsive to the positions of the nerve fibers in the vagus nerve.

Optionally, the apparatus includes a set of one or more blocking anodes,
30 adapted to be disposed such that the cathode is between the set of blocking anodes

and the primary anode, and adapted to apply to the vagus nerve a current which is capable of inhibiting action potentials propagating in the vagus nerve in a direction from the cathode towards the set of blocking anodes.

Typically, the set of blocking anodes includes a first anode and a second
5 anode, adapted to be disposed such that the first anode is located between the second anode and the cathode, and wherein the second anode is adapted to apply a current with an amplitude less than about one half an amplitude of a current applied by the first anode.

Typically, the electrode device includes an afferent edge, wherein the
10 cathode is adapted to be disposed closer than the anodes to the afferent edge of the electrode device.

Typically, the apparatus includes a cuff, and an electrically-insulating element coupled to an inner portion of the cuff, and the primary anode and the cathode are adapted to be mounted in the cuff and separated from one another by
15 the insulating element. Typically, the primary and secondary anodes and the cathode are recessed in the cuff so as not to be in direct contact with the vagus nerve.

Typically, the apparatus includes a control unit, adapted to drive the cathode and the anodes to apply the respective currents to the vagus nerve, so as to treat the
20 subject.

Typically, the cathode is adapted to apply the stimulating current and the anodes are adapted to apply the inhibiting current so as to regulate a heart rate of the subject. Optionally, the cathode is adapted to vary an amplitude of the applied stimulating current and the anodes are adapted to vary an amplitude of the applied
25 inhibiting current so as to regulate a heart rate of the subject.

Typically, the control unit is adapted to:

drive the electrode device to apply to the vagus nerve a stimulating current, which is capable of inducing action potentials in a therapeutic direction in a first set and a second set of nerve fibers of the vagus nerve, and

30 drive the electrode device to apply to the vagus nerve an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the

therapeutic direction in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

Optionally, the termination physiological parameter includes a blood pressure of the subject, and wherein the control unit is adapted to set the length of the delay responsive to the blood pressure.

Typically, the sensor unit is adapted to sense a rate-setting parameter of the subject, wherein the rate-setting parameter includes a blood pressure of the subject, and wherein the control unit is adapted to receive the rate-setting parameter from the sensor unit and to drive the electrode device to apply the current responsive to the rate-setting parameter.

Optionally, the rate-setting parameter includes the initiation physiological parameter and/or the termination physiological parameter, and the control unit is adapted to drive the electrode device to apply the current responsive to the initiation physiological parameter so as to regulate the heart rate of the subject.

Typically, the control unit is adapted to set the length of the delay so as to adjust the heart rate towards the target heart rate. Optionally, the control unit is adapted to access a lookup table of delays, and to set the length of the delay using the lookup table and responsive to the initiation and termination physiological parameters.

Typically, the initiation physiological parameter includes a P-wave, R-wave, Q-wave, S-wave, or T-wave of a cardiac cycle of the subject, and wherein the control unit is adapted to initiate the delay responsive to the sensing of the cardiac wave.

Typically, the termination physiological parameter includes a difference in time between two features of an ECG signal recorded by the ECG monitor, and the control unit is adapted to set the length of the delay responsive to the difference in time between the two features. The termination physiological parameter may include an R-R interval between a sensing of an R-wave of a first cardiac cycle of the subject and a sensing of an R-wave of a next cardiac cycle of the subject, and wherein the control unit is adapted to set the length of the delay responsive to the R-R interval. Alternatively or additionally, the termination physiological parameter

includes an average of R-R intervals sensed for a number of cardiac cycles, and wherein the control unit is adapted to set the length of the delay responsive to the average of the R-R intervals.

Alternatively, the termination physiological parameter includes a P-R interval between a sensing of a P-wave of a cardiac cycle of the subject and a sensing of an R-wave of the cardiac cycle, and wherein the control unit is adapted to set the length of the delay responsive to the P-R interval. Alternatively or additionally, the termination physiological parameter includes an average of P-R intervals sensed for a number of cardiac cycles, and wherein the control unit is adapted to set the length of the delay responsive to the average of the P-R intervals.

There is also provided, in accordance with an embodiment of the present invention, apparatus for treating a condition of a subject, including:

an electrode device, adapted to be coupled to an autonomic nerve of the subject; and

a control unit, adapted to:

drive the electrode device to apply to the nerve a stimulating current, which is capable of inducing action potentials in a therapeutic direction in a first set and a second set of nerve fibers of the nerve, and

drive the electrode device to apply to the nerve an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the therapeutic direction in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

Typically, the autonomic nerve includes the vagus nerve, and the control unit is adapted to drive the electrode device to apply the stimulating and inhibiting currents to the nerve.

Typically, the control unit is adapted to drive the electrode device to apply the stimulating and inhibiting currents to the nerve so as to affect behavior of one of the following, so as to treat the condition:

- a lung of the subject,
- a heart of the subject,

- an immune system of the subject, and/or
- an adrenal gland of the subject.

There is additionally provided, in accordance with an embodiment of the present invention, apparatus for treating a condition of a subject, including:

- 5 a cathode, adapted to apply to an autonomic nerve of the subject a stimulating current which is capable of inducing action potentials in the nerve; and
- a primary and a secondary anode, adapted to be disposed so that the primary anode is located between the secondary anode and the cathode, and adapted to apply to the nerve respective primary and secondary inhibiting currents which are capable
- 10 of inhibiting action potentials in the nerve.

There is yet additionally provided, in accordance with an embodiment of the present invention, a method for treating a heart condition of a subject, including:

- applying, to a vagus nerve of the subject, a stimulating current which is capable of inducing action potentials in a therapeutic direction in a first set and a
- 15 second set of nerve fibers of the vagus nerve; and
- applying to the vagus nerve an inhibiting current which is capable of inhibiting the induced action potentials traveling in the therapeutic direction in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

- 20 There is still additionally provided, in accordance with an embodiment of the present invention, a method for treating a heart condition of a subject, including:

- applying, to a vagus nerve of the subject, at a stimulation location, a stimulating current which is capable of inducing action potentials in the vagus nerve, so as to treat the subject; and
- 25 applying to the vagus nerve at a primary and a secondary location, the primary location located between the secondary location and the stimulation location, an inhibiting current which is capable of inhibiting action potentials in the vagus nerve.

- 30 There is still further provided, in accordance with an embodiment of the present invention, a method for treating a condition of a subject, including:

applying, to an autonomic nerve of the subject, a stimulating current which is capable of inducing action potentials in a therapeutic direction in a first set and a second set of nerve fibers of the nerve; and

5 applying to the nerve an inhibiting current which is capable of inhibiting the induced action potentials traveling in the therapeutic direction in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

There is also provided, in accordance with an embodiment of the present invention, a method for treating a condition of a subject, including:

10 applying, to an autonomic nerve of the subject, at a stimulation location, a stimulating current which is capable of inducing action potentials in the nerve, so as to treat the subject; and

applying to the nerve at a primary and a secondary location, the primary location located between the secondary location and the stimulation location, an
15 inhibiting current which is capable of inhibiting action potentials in the nerve.

There is further provided, in accordance with an embodiment of the present invention, apparatus for treating a subject, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;
a heart rate sensor, configured to detect a heart rate of the subject, and to
20 generate a heart rate signal responsive thereto; and

a control unit, adapted to:
receive the heart rate signal, and
responsive to determining that the heart rate is greater than a threshold
value, which threshold value is greater than a normal heart rate, drive the electrode
25 device to apply a current to the vagus nerve, and configure the current so as to reduce the heart rate of the subject.

For some applications, the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a second set of nerve fibers of the vagus nerve, and an inhibiting
30 current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger

diameters than the nerve fibers in the first set, and the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

Alternatively or additionally, the current includes a stimulating current,
5 which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve in an afferent direction toward a brain of the subject, and the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

10 For some applications, the vagus nerve includes small-, medium-, and large-diameter fibers, and the electrode device includes:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

15 an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a
20 cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an
anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers,
25 but generally insufficient to inhibit action potentials in the medium-diameter fibers.

In an embodiment, the control unit is adapted to utilize a value of at least 100 beats per minute as the threshold value.

In an embodiment, the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated
30 with bradycardia.

In an embodiment, the control unit is adapted to configure the current so as to reduce the heart rate towards a target heart rate.

For some applications, the normal heart rate includes a normal heart rate of the subject. Alternatively, the normal heart rate includes a normal heart rate of a
5 typical human.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

10 In an embodiment, the apparatus includes an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, and the control unit is adapted to withhold driving the electrode device to apply the current to the vagus nerve if the control unit is driving the electrode selected from the list.

15 In an embodiment, the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject. The control unit may be adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds. The control unit may be adapted to configure each of the bursts to have a pulse
20 repetition interval of greater than about 3 milliseconds. Alternatively or additionally, the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.

In an embodiment, the apparatus includes an electrocardiogram (ECG) monitor, adapted to generate an ECG signal, and the control unit is adapted to
25 receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.

There is still further provided, in accordance with an embodiment of the present invention, apparatus for applying current to a vagus nerve, including:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve and to
30 apply a cathodic current to the vagus nerve so as to stimulate the vagus nerve;

a first anode, adapted to be disposed at a first anodal site of the vagus nerve;
and

a second anode, directly electrically connected to the first anode, and adapted to be disposed at a second anodal site of the vagus nerve, such that the
5 cathodic site is between the first anodal site and the second anodal site.

In an embodiment, the cathode and anodes are disposed such that the cathodic site is disposed closer to the first anodal site than to the second anodal site.

In an embodiment, the nerve includes small-, medium-, and large-diameter fibers, and the apparatus includes a control unit, adapted to:

10 drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the first and second anodes to apply to the vagus nerve an anodal
15 current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

In an embodiment, the apparatus includes:

a control unit; and

20 an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart,

and the control unit is adapted to drive current through the cathode and the first and second anodes, and the control unit is adapted to withhold driving current through the cathode and the first and second anodes if the control unit is driving
25 current through the electrode selected from the list.

In an embodiment, the apparatus includes a control unit, adapted to:

drive the cathode to apply the cathodic current,

configure the cathodic current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, the nerve fibers in the second set
30 having generally larger diameters than the nerve fibers in the first set,

drive an anodal current to the first and second anodes, whereby the first and

second anodes apply current to the vagus nerve at levels corresponding to respective first and second anodal currents, and

configure the anodal current driven to the first and second anodes to inhibit the induced action potentials traveling in the second set of nerve fibers.

5 In an embodiment, the first and second anodes are configured such that a level of impedance between the first anode and the cathode is lower than a level of impedance between the second anode and the cathode, the control unit is adapted to configure the anodal current driven to the first and second anodes such that the first anodal current inhibits the induced action potentials traveling in the first set of
10 nerve fibers, and the control unit is adapted to configure the anodal current driven to the first and second anodes to be such that the second anodal current is generally insufficient to inhibit the induced action potentials traveling in the first set of nerve fibers.

There is additionally provided, in accordance with an embodiment of the
15 present invention, apparatus for treating a subject, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;

a sensor, configured to detect a heart rate of the subject, and to generate a heart rate signal responsive thereto; and

a control unit including an integral feedback controller that has inputs
20 including the detected heart rate and a target heart rate, the control unit adapted to:

drive the electrode device to apply a current to the vagus nerve, and

configure the current responsive to an output of the integral feedback controller, so as to reduce the heart rate of the subject toward a target heart rate.

In an embodiment, the control unit is adapted to configure the current to
25 include a stimulating current, which is capable of inducing action potentials in a first set and a second set of nerve fibers of the vagus nerve, and an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set, and the control unit is adapted to
30 drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve in an afferent direction toward a brain of the subject, and the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the vagus nerve includes small-, medium-, and large-diameter fibers, and the electrode device includes:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

In an embodiment, the control unit is adapted to change the parameter by:
determining a target value of the parameter, which target value is substantially appropriate for achieving the target heart rate,

determining an intermediate value for the parameter, the intermediate value between a current value of the parameter and the target value of the parameter, and
setting the parameter at the intermediate value.

In an embodiment, the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

5 In an embodiment, the apparatus includes an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, and the control unit is adapted to withhold driving the electrode device to apply the current to the vagus nerve when the control unit drives the electrode selected from the list.

10 In an embodiment, the integral feedback controller is adapted to calculate a difference between the target heart rate and the detected heart rate, and the control unit is adapted to set a level of a stimulation parameter of the current responsive to a summation over time of the difference.

In an embodiment, the control unit is adapted to set a level of a stimulation
15 parameter of the current by selecting the level from fewer than 16 discrete values. For some applications, the control unit is adapted to set the level of the stimulation parameter of the current by selecting the level from fewer than 10 discrete values. For some applications, the level of the stimulation parameter of the current includes a number of pulses to apply during a cardiac cycle, and the control unit is adapted to
20 set the number to be a number between 0 and 16.

For some applications, when a value of the level of the stimulation
parameter suitable to achieve the target heart rate is between two of the discrete
values, the control unit is adapted to vary the level, in turns, between the two of the
discrete values. For some applications, when the suitable value of the level is
25 between the two discrete values, the control unit is adapted to vary the level from a
first one of the two discrete values, to a second one of the two discrete values, and
back to the first one of the two discrete values, in a time period lasting fewer than
20 heartbeats. For some applications, when the suitable value of the level is
between the two discrete values, the control unit is adapted to vary the level from a
30 first one of the two discrete values, to a second one of the two discrete values, and

back to the first one of the two discrete values, in a time period lasting fewer than 10 heartbeats.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject. The at least one parameter may include a number of pulses per burst, and the control unit is adapted to change the at least one parameter by changing the number of pulses per burst no more than once in any given approximately 15-second period during operation of the apparatus. Alternatively or additionally, the at least one parameter includes a number of pulses per burst, and the control unit is adapted to change the at least one parameter by changing, during any given approximately 15-second period during operation of the apparatus, the number of pulses per burst by no more than one pulse.

In an embodiment, the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds. In an embodiment, the control unit is adapted to configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

In an embodiment, the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.

In an embodiment, the apparatus includes an electrocardiogram (ECG) monitor, adapted to measure an ECG signal, the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.

In an embodiment, the control unit is adapted to set a control parameter of a feedback algorithm governing the current application to be a number of pulses per burst.

In an embodiment, the at least one parameter includes a number of pulses per burst, and the control unit is adapted to change the at least one parameter by changing, over the period, the number of pulses per burst by less than about three pulses. For some applications, the control unit is adapted to change the at least one parameter by changing, over the period, the number of pulses per burst by exactly one pulse. Alternatively or additionally, the control unit is adapted to change the at

least one parameter by changing, during each of two consecutive periods, the number of pulses per burst by less than about three pulses, each of the two consecutive periods having a duration of at least about 15 seconds. The control unit may be adapted to change the at least one parameter by changing, during each of the
5 two consecutive periods, the number of pulses per burst by exactly one pulse.

In an embodiment, the control unit is adapted to change the at least one parameter at a rate of change, the rate of change determined at least in part responsive to a heart rate variable selected from: an R-R interval of the subject and a time derivative of the heart rate of the subject. For some applications, the control
10 unit is adapted to increase the rate of change as the heart rate approaches a threshold limit greater than a normal heart rate of the subject. For other applications, the control unit is adapted to increase the rate of change as the heart rate approaches a threshold limit less than a normal heart rate of the subject. Alternatively or additionally, the control unit is adapted to decrease the rate of change as the heart
15 rate increases, and to increase the rate of change as the heart rate decreases.

In an embodiment, the control unit is adapted to use a time derivative of an R-R interval of the subject as an input to a feedback algorithm governing the current application.

In an embodiment, the control unit is adapted to correct for an absence of an
20 expected heartbeat.

For some applications, the control unit is adapted to sense an R-R interval and: (a) store the sensed R-R interval, if the sensed R-R interval is less than a threshold value, and (b) store the threshold value, if the sensed R-R interval is greater than the threshold value.

25 In an embodiment, the control unit is adapted to cycle between "on" periods, during which the control unit drives the electrode device to apply the current, and "off" periods, during which the control unit withholds driving the electrode device. For some applications, the control unit is adapted to determine a desired level of stimulation applied by the electrode device, and to configure the cycling between
30 the "on" and "off" periods responsive to the desired level of stimulation. For some applications, the control unit is adapted to set each of the "on" periods to have a

duration of less than about 300 seconds. For some applications, the control unit is adapted to set each of the "off" periods to have a duration of between about 0 and about 300 seconds.

5 In an embodiment, the control unit is adapted to set the parameter at a beginning of one of the "on" periods equal to a value of the parameter at an end of an immediately preceding one of the "on" periods. In an embodiment, the control unit is adapted to configure the current using an algorithm that disregards between about one and about five heart beats at a beginning of each of the "on" periods.

10 In an embodiment, the control unit is adapted to set the target heart rate during at least one of the "on" periods at least in part responsive to a historic heart rate sensed during a preceding one of the "off" periods. The control unit may be adapted to set the target heart rate during the at least one of the "on" periods at least in part responsive to a historic heart rate sensed during an immediately preceding one of the "off" periods.

15 There is yet additionally provided, in accordance with an embodiment of the present invention, apparatus for treating a heart condition of a subject, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

20 a control unit, adapted to cycle between "on" periods, during which the control unit drives the electrode device to apply a current to the vagus nerve, and "off" periods, during which the control unit withholds driving the electrode device, so as to treat the heart condition.

25 In an embodiment, the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia. In an embodiment, the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps. In an embodiment, the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

30 In an embodiment, the apparatus includes an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating

the heart, and the control unit is adapted to withhold driving the electrode device to apply the current to the vagus nerve during an "on" period if the control unit is driving the electrode selected from the list.

5 In an embodiment, the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject. For some applications, the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds. For some applications, the control unit is adapted to configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

10 For some applications, the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses. In an embodiment, the apparatus includes an electrocardiogram (ECG) monitor, adapted to measure an ECG signal, the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.

15 In an embodiment, the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a second set of nerve fibers of the vagus nerve, and an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger

20 diameters than the nerve fibers in the first set, and the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current,

25 which is capable of inhibiting device-induced action potentials traveling in the vagus nerve in an afferent direction toward a brain of the subject, and the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the vagus nerve includes small-, medium-, and large-

30 diameter fibers, and the electrode device includes:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

5 an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

the control unit is adapted to:

10 drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

15 There is also provided, in accordance with an embodiment of the present invention, apparatus for treating a subject, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;

a sensor, configured to detect a heart rate of the subject, and to generate a heart rate signal responsive thereto; and

20 a control unit, adapted to:

receive the heart rate signal,

drive the electrode device to apply a current to the vagus nerve, and

configure the current to increase a variability of the heart rate.

25 In an embodiment, the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a second set of nerve fibers of the vagus nerve, and an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set, and the control unit is adapted to

30 drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve in an afferent direction toward a brain of the subject, and the control
5 unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

In an embodiment, the vagus nerve includes small-, medium-, and large-diameter fibers, and the electrode device includes:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and
10 to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

15 the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

20 drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

For some applications, the control unit is adapted to configure the current to increase the variability of the heart rate above a target heart rate variability.

25 For some applications, the sensor includes an electrocardiogram (ECG) monitor.

For some applications, the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia.

30 In an embodiment, the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps. In

an embodiment, the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

In an embodiment, the apparatus includes an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, and the control unit is adapted to withhold driving the electrode device to
5 apply the current to the vagus nerve if the control unit is driving the electrode selected from the list.

In an embodiment, the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of
10 the subject. For some applications, the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds. For some applications, the control unit is adapted to configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds. For some applications, the control unit is adapted to configure at least one of the
15 bursts to have between about 0 and about 8 pulses. In an embodiment, the apparatus includes an electrocardiogram (ECG) monitor, adapted to measure an ECG signal, the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.

In an embodiment, the control unit is adapted to configure the current using
20 a feedback algorithm.

There is further provided, in accordance with an embodiment of the present invention, a method for treating a subject, including:

detecting a heart rate of the subject; and

responsive to determining that the heart rate is greater than a threshold
25 value, which threshold value is greater than a normal heart rate, applying a current to a vagus nerve of the subject, and configuring the current so as to reduce the heart rate of the subject.

There is still further provided, in accordance with an embodiment of the present invention, a method for applying current to a vagus nerve, including:

applying to the vagus nerve, through a common conductor, an anodal current at a first anodal site of the vagus nerve and at a second anodal site of the vagus nerve; and

5 applying a cathodic current to the vagus nerve at a cathodic site of the vagus nerve, so as to stimulate the vagus nerve, the cathodic site disposed between the first anodal site and the second anodal site.

There is additionally provided, in accordance with an embodiment of the present invention, a method for treating a subject, including:

10 detecting a heart rate of the subject;
applying a current to a vagus nerve of the subject; and
configuring the current so as to reduce the heart rate toward a target heart rate, responsive to an output of an integral feedback controller whose inputs include the detected heart rate and a target heart rate.

15 There is yet additionally provided, in accordance with an embodiment of the present invention, a method for treating a heart condition of a subject, including:

cycling between "on" and "off" periods;
during the "on" periods, applying a current to a vagus nerve of the subject;
and
during the "off" periods, withholding applying the current, so as to treat the
20 heart condition.

There is also provided, in accordance with an embodiment of the present invention, a method for treating a subject, including:

25 detecting a heart rate of the subject;
applying a current to a vagus nerve of the subject; and
configuring the current to increase a variability of the heart rate.

There is further provided, in accordance with an embodiment of the present invention, apparatus for treating a subject suffering from a heart condition, including:

30 an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to suppress an adrenergic system of the subject, so as to treat the subject.

5 In an embodiment, the heart condition includes heart failure, and the control unit is adapted to configure the current to treat the heart failure.

There is still further provided, in accordance with an embodiment of the present invention, apparatus for treating a subject suffering from a heart condition, including:

10 an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to modulate contractility of at least a portion of a heart of the subject, so as to treat the subject.

15 In an embodiment, the control unit is adapted to configure the current to reduce atrial and ventricular contractility.

In an embodiment, the heart condition includes hypertrophic cardiopathy, and the control unit is adapted to configure the current so as to treat the hypertrophic cardiopathy.

20 There is additionally provided, in accordance with an embodiment of the present invention, apparatus for treating a subject suffering from a heart condition, including:

an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

25 a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to increase coronary blood flow, so as to treat the subject.

30 In an embodiment, the heart condition is selected from the list consisting of: myocardial ischemia, ischemic heart disease, heart failure, and variant angina, and the control unit is adapted to configure the current to increase the coronary blood flow so as to treat the selected heart condition.

There is yet additionally provided, in accordance with an embodiment of the present invention, a treatment method, including:

- identifying a subject suffering from a heart condition;
- applying a current to a vagus nerve of the subject; and
- 5 configuring the current to suppress an adrenergic system of the subject, so as to treat the subject.

There is also provided, in accordance with an embodiment of the present invention, a treatment method, including:

- identifying a subject suffering from a heart condition;
- 10 applying a current to a vagus nerve of the subject; and
- configuring the current to modulate contractility of at least a portion of a heart of the subject, so as to treat the subject.

There is further provided, in accordance with an embodiment of the present invention, a treatment method, including:

- 15 identifying a subject suffering from a heart condition;
- applying a current to a vagus nerve of the subject; and
- configuring the current to increase coronary blood flow, so as to treat the subject.

The present invention will be more fully understood from the following
20 detailed description of an embodiments thereof, taken together with the drawings, in which:

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is a block diagram that schematically illustrates a vagal stimulation system applied to a vagus nerve of a patient, in accordance with an embodiment of
25 the present invention;

Fig. 2A is a simplified cross-sectional illustration of a multipolar electrode device applied to a vagus nerve, in accordance with an embodiment of the present invention;

Fig. 2B is a simplified cross-sectional illustration of a generally-cylindrical electrode device applied to a vagus nerve, in accordance with an embodiment of the present invention;

Fig. 2C is a simplified perspective illustration of the electrode device of Fig. 2A, in accordance with an embodiment of the present invention;

Fig. 3 is a simplified perspective illustration of a multipolar point electrode device applied to a vagus nerve, in accordance with an embodiment of the present invention;

Fig. 4 is a conceptual illustration of the application of current to a vagus nerve, in accordance with an embodiment of the present invention; and

Fig. 5 is a simplified illustration of an electrocardiogram (ECG) recording and of example timelines showing the timing of the application of a series of stimulation pulses, in accordance with an embodiment of the present invention.

DETAILED DESCRIPTION OF EMBODIMENTS

Fig. 1 is a block diagram that schematically illustrates a vagal stimulation system 18 comprising a multipolar electrode device 40, in accordance with an embodiment of the present invention. Electrode device 40 is applied to a portion of a vagus nerve 36 (either a left vagus nerve 37 or a right vagus nerve 39), which innervates a heart 30 of a patient 31. Typically, system 18 is utilized for treating a heart condition such as heart failure and/or cardiac arrhythmia. Vagal stimulation system 18 further comprises an implanted or external control unit 20, which typically communicates with electrode device 40 over a set of leads 42. Control unit 20 drives electrode device 40 to (i) apply signals to induce the propagation of efferent nerve impulses towards heart 30, and (ii) suppress artificially-induced afferent nerve impulses towards a brain 34 of the patient, in order to minimize unintended side effects of the signal application. The efferent nerve pulses in vagus nerve 36 are induced by electrode device 40 in order to regulate the heart rate of the patient.

For some applications, control unit 20 is adapted to receive feedback from one or more of the electrodes in electrode device 40, and to regulate the signals applied to the electrode device responsive thereto.

Control unit 20 is typically adapted to receive and analyze one or more sensed physiological parameters or other parameters of the patient, such as heart rate, electrocardiogram (ECG), blood pressure, indicators of decreased cardiac contractility, cardiac output, norepinephrine concentration, or motion of the patient. In order to receive these sensed parameters, control unit 20 may comprise, for example, an ECG monitor 24, connected to a site on the patient's body such as heart 30, for example using one or more subcutaneous sensors or ventricular and/or atrial intracardiac sensors. The control unit may also comprise an accelerometer 22 for detecting motion of the patient. Alternatively, ECG monitor 24 and/or accelerometer 22 comprise separate implanted devices placed external to control unit 20, and, optionally, external to the patient's body. Alternatively or additionally, control unit 20 receives signals from one or more physiological sensors 26, such as blood pressure sensors. Sensors 26 are typically implanted in the patient, for example in a left ventricle 32 of heart 30. In an embodiment, control unit 20 comprises or is coupled to an implanted device 25 for monitoring and correcting the heart rate, such as an implantable cardioverter defibrillator (ICD) or a pacemaker (e.g., a bi-ventricular or standard pacemaker). For example, implanted device 25 may be incorporated into a control loop executed by control unit 20, in order to increase the heart rate when the heart rate for any reason is too low.

Fig. 2A is a simplified cross-sectional illustration of a generally-cylindrical electrode device 40 applied to vagus nerve 36, in accordance with an embodiment of the present invention. Electrode device 40 comprises a central cathode 46 for applying a negative current ("cathodic current") in order to stimulate vagus nerve 36, as described below. Electrode device 40 additionally comprises a set of one or more anodes 44 (44a, 44b, herein: "efferent anode set 44"), placed between cathode 46 and the edge of electrode device 40 closer to heart 30 (the "efferent edge"). Efferent anode set 44 applies a positive current ("efferent anodal current") to vagus nerve 36, for blocking action potential conduction in vagus nerve 36 induced by the

cathodic current, as described below. Typically, electrode device 40 comprises an additional set of one or more anodes 45 (45a, 45b, herein: "afferent anode set 45"), placed between cathode 46 and the edge of electrode device 40 closer to brain 34. Afferent anode set 45 applies a positive current ("afferent anodal current") to vagus
5 nerve 36, in order to block propagation of action potentials in the direction of the brain during application of the cathodic current.

For some applications, the one or more anodes of efferent anode set 44 are directly electrically coupled to the one or more anodes of afferent anode set 45, such as by a common wire or shorted wires providing current to both anode sets
10 substantially without any intermediary elements. Typically, coatings on the anodes, shapes of the anodes, positions of the anodes, sizes of the anodes and/or distances of the various anodes from the nerve are regulated so as to produce desired ratios of currents and/or desired activation functions delivered through or caused by the various anodes. For example, by varying one or more of these characteristics, the
15 relative impedance between the respective anodes and central cathode 46 is regulated, whereupon more anodal current is driven through the one or more anodes having lower relative impedance. In these applications, central cathode 46 is typically placed closer to one of the anode sets than to the other, for example, so as to induce asymmetric stimulation (i.e., not necessarily unidirectional in all fibers)
20 between the two sides of the electrode device. The closer anode set typically induces a stronger blockade of the cathodic stimulation.

Reference is now made to Fig. 2B, which is a simplified cross-sectional illustration of a generally-cylindrical electrode device 240 applied to vagus nerve 36, in accordance with an embodiment of the present invention. Electrode device
25 240 comprises exactly one efferent anode 244 and exactly one afferent anode 245, which are electrically coupled to each other, such as by a common wire 250 or shorted wires providing current to both anodes 244 and 245, substantially without any intermediary elements. The cathodic current is applied by a cathode 246 with an amplitude sufficient to induce action potentials in large- and medium-diameter
30 fibers (e.g., A- and B-fibers), but insufficient to induce action potentials in small-diameter fibers (e.g., C-fibers).

Reference is again made to Fig. 2A. Cathodes 46 and anode sets 44 and 45 (collectively, "electrodes") are typically mounted in an electrically-insulating cuff 48 and separated from one another by insulating elements such as protrusions 49 of the cuff. Typically, the width of the electrodes is between about 0.5 and about 2 millimeters, or is equal to approximately one-half the radius of the vagus nerve. The electrodes are typically recessed so as not to come in direct contact with vagus nerve 36. For some applications, such recessing enables the electrodes to achieve generally uniform field distributions of the generated currents and/or generally uniform values of the activation function defined by the electric potential field in the vicinity of vagus nerve 24. Alternatively or additionally, protrusions 49 allow vagus nerve 24 to swell into the canals defined by the protrusions, while still holding the vagus nerve centered within cuff 48 and maintaining a rigid electrode geometry. For some applications, cuff 48 comprises additional recesses separated by protrusions, which recesses do not contain active electrodes. Such additional recesses accommodate swelling of vagus nerve 24 without increasing the contact area between the vagus nerve and the electrodes. For some applications, the distance between the electrodes and the axis of the vagus nerve is between about 1 and about 4 millimeters, and is greater than the closest distance from the ends of the protrusions to the axis of the vagus nerve. Typically, protrusions 49 are relatively short (as shown). For some applications, the distance between the ends of protrusions 49 and the center of the vagus nerve is between about 1 and 3 millimeters. (Generally, the diameter of the vagus nerve is between about 2 and 3 millimeters.) Alternatively, for some applications, protrusions 49 are longer and/or the electrodes are placed closer to the vagus nerve in order to reduce the energy consumption of electrode device 40.

In an embodiment of the present invention, efferent anode set 44 comprises a plurality of anodes 44, typically two anodes 44a and 44b, spaced approximately 0.5 to 2.0 millimeters apart. Application of the efferent anodal current in appropriate ratios from a plurality of anodes generally minimizes the "virtual cathode effect," whereby application of too large an anodal current stimulates rather than blocks fibers. In an embodiment, anode 44a applies a current with an amplitude equal to about 0.5 to about 5 milliamps (typically one-third of the

amplitude of the current applied by anode 44b). When such techniques are not used, the virtual cathode effect generally hinders blocking of smaller-diameter fibers, as described below, because a relatively large anodal current is generally necessary to block such fibers.

5 Anode 44a is typically positioned in cuff 48 to apply current at the location on vagus nerve 36 where the virtual cathode effect is maximally generated by anode 44b. For applications in which the blocking current through anode 44b is expected to vary substantially, efferent anode set 44 typically comprises a plurality of virtual-cathode-inhibiting anodes 44a, one or more of which is activated at any
10 time based on the expected magnitude and location of the virtual cathode effect.

 Likewise, afferent anode set 45 typically comprises a plurality of anodes 45, typically two anodes 45a and 45b, in order to minimize the virtual cathode effect in the direction of the brain. In certain electrode configurations, cathode 46 comprises a plurality of cathodes in order to minimize the "virtual anode effect," which is
15 analogous to the virtual cathode effect.

 As appropriate, techniques described herein are practiced in conjunction with methods and apparatus described in US Patent Application 10/205,474 to Gross et al., filed July 24, 2002, entitled, "Electrode assembly for nerve control," which published as US Patent Publication 2003/0050677, is assigned to the
20 assignee of the present patent application, and is incorporated herein by reference. Alternatively or additionally, techniques described herein are practiced in conjunction with methods and apparatus described in US Patent Application 10/205,475 to Gross et al., filed July 24, 2002, entitled, "Selective nerve fiber stimulation for treating heart conditions," which published as US Patent Publication
25 2003/0045909, is assigned to the assignee of the present patent application, and is incorporated herein by reference. Further alternatively or additionally, techniques described herein are practiced in conjunction with methods and apparatus described in US Provisional Patent Application 60/383,157 to Ayal et al., filed May 23, 2002, entitled, "Inverse recruitment for autonomic nerve systems," which is
30 assigned to the assignee of the present patent application and is incorporated herein by reference.

Fig. 2C is a simplified perspective illustration of electrode device 40 (Fig. 2A), in accordance with an embodiment of the present invention. When applied to vagus nerve 36, electrode device 40 typically encompasses the nerve. As described, control unit 20 typically drives electrode device 40 to (i) apply signals to
5 vagus nerve 36 in order to induce the propagation of efferent action potentials towards heart 30, and (ii) suppress artificially-induced afferent action potentials towards brain 34. The electrodes typically comprise ring electrodes adapted to apply a generally uniform current around the circumference of the nerve, as best shown in Fig. 2C.

10 Fig. 3 is a simplified perspective illustration of a multipolar point electrode device 140 applied to vagus nerve 36, in accordance with an embodiment of the present invention. In this embodiment, anodes 144a and 144b and a cathode 146 typically comprise point electrodes (typically 2 to 100), fixed inside an insulating
15 cuff 148 and arranged around vagus nerve 36 so as to selectively stimulate nerve fibers according to their positions inside the nerve. In this case, techniques described in the above-cited articles by Grill et al., Goodall et al., and/or Veraart et al. are typically used. The point electrodes typically have a surface area between about 0.01 mm² and 1 mm². In some applications, the point electrodes are in
20 contact with vagus nerve 36, as shown, while in other applications the point electrodes are recessed in cuff 148, so as not to come in direct contact with vagus nerve 36, similar to the recessed ring electrode arrangement described above with reference to Fig. 2A. For some applications, one or more of the electrodes, such as cathode 146 or anode 144a, comprise a ring electrode, as described with reference
25 to Fig. 2C, such that electrode device 140 comprises both ring electrode(s) and point electrodes (configuration not shown). Additionally, electrode device 40 optionally comprises an afferent anode set (positioned like anodes 45a and 45b in Fig. 2A), the anodes of which comprise point electrodes and/or ring electrodes.

Alternatively, ordinary, non-cuff electrodes are used, such as when the electrodes are placed on the epicardial fat pads instead of on the vagus nerve.

30 Fig. 4 is a conceptual illustration of the application of current to vagus nerve 36 in order to achieve smaller-to-larger diameter fiber recruitment, in accordance

with an embodiment of the present invention. When inducing efferent action potentials towards heart 30, control unit 20 drives electrode device 40 to selectively recruit nerve fibers beginning with smaller-diameter fibers and to progressively recruit larger-diameter fibers as the desired stimulation level increases. This
5 smaller-to-larger diameter recruitment order mimics the body's natural order of recruitment.

Typically, in order to achieve this recruitment order, the control unit stimulates myelinated fibers essentially of all diameters using cathodic current from cathode 46, while simultaneously inhibiting fibers in a larger-to-smaller diameter
10 order using efferent anodal current from efferent anode set 44. For example, Fig. 4 illustrates the recruitment of a single, smallest nerve fiber 56, without the recruitment of any larger fibers 50, 52 and 54. The depolarizations generated by cathode 46 stimulate all of the nerve fibers shown, producing action potentials in both directions along all the nerve fibers. Efferent anode set 44 generates a
15 hyperpolarization effect sufficiently strong to block only the three largest nerve fibers 50, 52 and 54, but not fiber 56. This blocking order of larger-to-smaller diameter fibers is achieved because larger nerve fibers are inhibited by weaker anodal currents than are smaller nerve fibers. Stronger anodal currents inhibit progressively smaller nerve fibers. When the action potentials induced by cathode
20 46 in larger fibers 50, 52 and 54 reach the hyperpolarized region in the larger fibers adjacent to efferent anode set 44, these action potentials are blocked. On the other hand, the action potentials induced by cathode 46 in smallest fiber 56 are not blocked, and continue traveling unimpeded toward heart 30. Anode pole 44a is shown generating less current than anode pole 44b in order to minimize the virtual
25 cathode effect in the direction of the heart, as described above.

When desired, in order to increase the parasympathetic stimulation delivered to the heart, the number of fibers not blocked is progressively increased by decreasing the amplitude of the current applied by efferent anode set 44. The action potentials induced by cathode 46 in the fibers now not blocked travel
30 unimpeded towards the heart. As a result, the parasympathetic stimulation delivered to the heart is progressively increased in a smaller-to-larger diameter fiber order, mimicking the body's natural method of increasing stimulation.

Alternatively or additionally, in order to increase the number of fibers stimulated, while simultaneously decreasing the average diameter of fibers stimulated, the amplitudes of the currents applied by cathode 46 and efferent anode set 44 are both increased (thereby increasing both the number of fibers stimulated and blocked). In addition, for any given number of fibers stimulated (and not blocked), the amount of stimulation delivered to the heart can be increased by increasing the PPT, frequency, and/or pulse width of the current applied to vagus nerve 36.

In order to suppress artificially-induced afferent action potentials from traveling towards the brain in response to the cathodic stimulation, control unit 20 typically drives electrode device 40 to inhibit fibers 50, 52, 54 and 56 using afferent anodal current from afferent anode set 45. When the afferent-directed action potentials induced by cathode 46 in all of the fibers reach the hyperpolarized region in all of the fibers adjacent to afferent anode set 45, the action potentials are blocked. Blocking these afferent action potentials generally minimizes any unintended side effects, such as undesired or counterproductive feedback to the brain, that might be caused by these action potentials. Anode 45b is shown generating less current than anode 45a in order to minimize the virtual cathode effect in the direction of the brain, as described above.

In an embodiment of the present invention, the amplitude of the cathodic current applied in the vicinity of the vagus nerve is between about 2 milliamps and about 10 milliamps. Such a current is typically used in embodiments that employ techniques for achieving generally uniform stimulation of the vagus nerve, i.e., stimulation in which the stimulation applied to fibers on or near the surface of the vagus nerve is generally no more than about 400% greater than stimulation applied to fibers situated more deeply in the nerve. This corresponds to stimulation in which the value of the activation function at fibers on or near the surface of the vagus nerve is generally no more than about four times greater than the value of the activation function at fibers situated more deeply in the nerve. For example, as described hereinabove with reference to Fig. 2A, the electrodes may be recessed so as not to come in direct contact with vagus nerve 24, in order to achieve generally uniform values of the activation function. Typically, but not necessarily, embodiments using approximately 5 mA of cathodic current have the various

electrodes disposed approximately 0.5 to 2.5 mm from the axis of the vagus nerve. Alternatively, larger cathodic currents (e.g., 10 - 30 mA) are used in combination with electrode distances from the axis of the vagus nerve of greater than 2.5 mm (e.g., 2.5 - 4.0 mm), so as to achieve an even greater level of uniformity of stimulation of fibers in the vagus nerve.

In an embodiment of the present invention, the cathodic current is applied by cathode 46 with an amplitude sufficient to induce action potentials in large- and medium-diameter fibers 50, 52, and 54 (e.g., A- and B-fibers), but insufficient to induce action potentials in small-diameter fibers 56 (e.g., C-fibers). Simultaneously, an anodal current is applied by anode 44b in order to inhibit action potentials induced by the cathodic current in the large-diameter fibers (e.g., A-fibers). This combination of cathodic and anodal current generally results in the stimulation of medium-diameter fibers (e.g., B-fibers) only. At the same time, a portion of the afferent action potentials induced by the cathodic current are blocked by anode 45a, as described above. Alternatively, the afferent anodal current is configured to not fully block afferent action potentials, or is simply not applied. In these cases, artificial afferent action potentials are nevertheless generally not generated in C-fibers, because the applied cathodic current is not strong enough to generate action potentials in these fibers.

These techniques for efferent stimulation of only B-fibers are typically used in combination with techniques described hereinabove for achieving generally uniform stimulation of the vagus nerve. Such generally uniform stimulation enables the use of a cathodic current sufficiently weak to avoid stimulation of C-fibers near the surface of the nerve, while still sufficiently strong to stimulate B-fibers, including B-fibers situated more deeply in the nerve, i.e., near the center of the nerve. For some applications, when employing such techniques for achieving generally uniform stimulation of the vagus nerve, the amplitude of the cathodic current applied by cathode 46 may be between about 3 and about 10 milliamps, and the amplitude of the anodal current applied by anode 44b may be between about 1 and about 7 milliamps. (Current applied at a different site and/or a different time is used to achieve a net current injection of zero.)

In an embodiment of the present invention, stimulation of the vagus nerve is applied responsive to one or more sensed parameters. Control unit 20 is typically configured to commence or halt stimulation, or to vary the amount and/or timing of stimulation in order to achieve a desired target heart rate, typically based on configuration values and on parameters including one or more of the following:

- Heart rate – the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve only when the heart rate exceeds a certain value.
- ECG readings – the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve based on certain ECG readings, such as readings indicative of designated forms of arrhythmia. Additionally, ECG readings are typically used for achieving a desire heart rate, as described below with reference to Fig. 5.
- Blood pressure – the control unit can be configured to regulate the current applied by electrode device 40 to the vagus nerve when blood pressure exceeds a certain threshold or falls below a certain threshold.
- Indicators of decreased cardiac contractility – these indicators include left ventricular pressure (LVP). When LVP and/or $d(LVP)/dt$ exceeds a certain threshold or falls below a certain threshold, control unit 20 can drive electrode device 40 to regulate the current applied by electrode device 40 to the vagus nerve.
- Motion of the patient – the control unit can be configured to interpret motion of the patient as an indicator of increased exertion by the patient, and appropriately reduce parasympathetic stimulation of the heart in order to allow the heart to naturally increase its rate.
- Heart rate variability - the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve based on heart rate

variability, which is typically calculated based on certain ECG readings.

- Norepinephrine concentration - the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve based on norepinephrine concentration.
- Cardiac output - the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve based on cardiac output, which is typically determined using impedance cardiography.
- Baroreflex sensitivity - the control unit can be configured to drive electrode device 40 to stimulate the vagus nerve based on baroreflex sensitivity.

The parameters and behaviors included in this list are for illustrative purposes only, and other possible parameters and/or behaviors will readily present themselves to those skilled in the art, having read the disclosure of the present patent application.

In an embodiment of the present invention, control unit 20 is configured to drive electrode device 40 to stimulate the vagus nerve so as to reduce the heart rate of the subject towards a target heart rate. The target heart rate is typically (a) programmable or configurable, (b) determined responsive to one or more sensed physiological values, such as those described hereinabove (e.g., motion, blood pressure, etc.), and/or (c) determined responsive to a time of day or circadian cycle of the subject. Parameters of stimulation are varied in real time in order to vary the heart-rate-lowering effects of the stimulation. For example, such parameters may include the amplitude of the applied current. Alternatively or additionally, in an embodiment of the present invention, the stimulation is applied in a series of pulses that are synchronized or are not synchronized with the cardiac cycle of the subject, such as described hereinbelow with reference to Fig. 5. Parameters of such pulse series typically include, but are not limited to:

- Timing of the stimulation within the cardiac cycle. Delivery of the series of pulses typically begins after a fixed or variable delay

following an ECG feature, such as each R- or P-wave. For some applications, the delay is between about 20 ms and about 300 ms from the R-wave, or between about 100 and about 500 ms from the P-wave.

- 5 • Pulse duration (width). Longer pulse durations typically result in a greater heart-rate-lowering effect. For some applications, the pulse duration is between about 0.2 and about 4 ms.
- 10 • Pulse repetition interval. Maintaining a pulse repetition interval (the time from the initiation of a pulse to the initiation of the following pulse) greater than about 3 ms generally results in maximal stimulation effectiveness for multiple pulses within a burst.
- 15 • Pulses per trigger (PPT). A greater PPT (the number of pulses in each series of pulses after a trigger such as an R-wave) typically results in a greater heart-rate-lowering effect. For some applications, PPT is between about 0 and about 8.
- 20 • Amplitude. A greater amplitude of the signal applied typically results in a greater heart-rate-lowering effect. The amplitude is typically less than about 10 milliamps, e.g., between about 2 and about 10 milliamps. For some applications, the amplitude is between about 2 and about 6 milliamps.
- 25 • Duty cycle. Application of stimulation every heartbeat typically results in a greater heart-rate-lowering effect. For less heart rate reduction, stimulation is applied only once every several heartbeats.
- 30 • Choice of vagus nerve. Stimulation of the right vagus nerve typically results in greater heart rate reduction than stimulation of the left vagus nerve.
- "On"/"off" ratio and timing. For some applications, the device operates intermittently, alternating between "on" and "off" states, the length of each state typically between 0 and about 300 seconds (with a 0-length "off" state equivalent to always "on"). Greater heart rate

reduction is typically achieved if the device is "on" a greater portion of the time.

For some applications, values of the "on"/"off" parameter are determined in real time, responsive to one or more inputs, such as sensed physiological values.

5 Such inputs typically include motion or activity of the subject (e.g., detected using an accelerometer), the average heart rate of the subject when the device is in "off" mode, and/or the time of day. For example, the device may operate in continuous "on" mode when the subject is exercising and therefore has a high heart rate, and the device may alternate between "on" and "off" when the subject is at rest. As a

10 result, the heart-rate-lowering effect is concentrated during periods of high heart rate, and the nerve is allowed to rest when the heart rate is generally naturally lower.

For some applications, heart rate regulation is achieved by setting two or more parameters in combination. For example, if it is desired to apply 5.2 pulses of

15 stimulation, the control unit may apply 5 pulses of 1 ms duration each, followed by a single pulse of 0.2 ms duration. For other applications, the control unit switches between two values of PPT, so that the desired PPT is achieved by averaging the applied PPTs. For example, a sequence of PPTs may be 5, 5, 5, 5, 6, 5, 5, 5, 5, 6, . . ., in order to achieve an effective PPT of 5.2.

20 In an embodiment of the present invention, control unit 20 uses a slow-reacting heart rate regulation algorithm to modify heart-rate-controlling parameters of the stimulation, i.e., the algorithm varies stimulation parameters slowly in reaction to changes in heart rate. For example, in response to a sudden increase in heart rate, e.g., an increase from a target heart rate of 60 beats per minute (BPM) to

25 100 BPM over a period of only a few seconds, the algorithm slowly increases the stimulation level over a period of minutes. If the heart rate naturally returns to the target rate over this period, the stimulation levels generally do not change substantially before returning to baseline levels.

For example, the heart of a subject is regulated while the subject is inactive,

30 such as while sitting. When the subject suddenly increases his activity level, such as by standing up or climbing stairs, the subject's heart rate increases suddenly. In

response, the control unit adjusts the stimulation parameters slowly to reduce the subject's heart rate. Such a gradual modification of stimulation parameters allows the subject to engage in relatively stressful activities for a short period of time before his heart rate is substantially regulated, generally resulting in an improved quality of life.

In an embodiment of the present invention, control unit 20 is adapted to detect bradycardia (i.e., that an average detected R-R interval exceeds a preset bradycardia limit), and to terminate heart rate regulation substantially immediately upon such detection, such as by ceasing vagal stimulation. Alternatively or additionally, the control unit uses an algorithm that reacts quickly to regulate heart rate when the heart rate crosses limits that are predefined (e.g., a low limit of 40 beats per minute (BPM) and a high limit of 140 BPM), or determined in real time, such as responsive to sensed physiological values.

In an embodiment of the present invention, control unit 20 is configured to operate intermittently. Typically, upon each resumption of operation, control unit 20 sets the stimulation parameters to those in effect immediately prior to the most recent cessation of operation. For some applications, such parameters applied upon resumption of operation are maintained without adjustment for a certain number of heartbeats (e.g., between about one and about ten), in order to allow the heart rate to stabilize after resumption of operation.

For some applications, control unit 20 is configured to operate intermittently with gradual changes in stimulation. For example, the control unit may operate according to the following "on"/"off" pattern: (a) "off" mode for 30 minutes, (b) a two-minute "on" period characterized by a gradual increase in stimulation so as to achieve a target heart rate, (c) a six-minute "on" period of feedback-controlled stimulation to maintain the target heart rate, and (d) a two-minute "on" period characterized by a gradual decrease in stimulation to return the heart rate to baseline. The control unit then repeats the cycle, beginning with another 30-minute "off" period.

In an embodiment of the present invention, control unit 20 is configured to operate in an adaptive intermittent mode. The control unit sets the target heart rate

for the "on" period equal to a fixed or configurable fraction of the average heart rate during the previous "off" period, typically bounded by a preset minimum. For example, assume that for a certain subject the average heart rates during sleep and during exercise are 70 and 150 BPM, respectively. Further assume that the target heart rate for the "on" period is set at 70% of the average heart rate during the previous "off" period, with a minimum of 60 BPM. During sleep, stimulation is applied so as to produce a heart rate of $\text{MAX}(60 \text{ BPM}, 70\% \text{ of } 70 \text{ BPM}) = 60 \text{ BPM}$, and is thus applied with parameters similar to those that would be used in the simple intermittent mode described hereinabove. Correspondingly, during exercise, stimulation is applied so as to produce a heart rate of $\text{MAX}(60 \text{ BPM}, 70\% \text{ of } 150 \text{ BPM}) = 105 \text{ BPM}$.

In an embodiment of the present invention, a heart rate regulation algorithm used by control unit 20 has as an input a time derivative of the sensed heart rate. The algorithm typically directs the control unit to respond slowly to increases in heart rate and quickly to decreases in heart rate.

In an embodiment of the present invention, the heart rate regulation algorithm utilizes sensed physiological parameters for feedback. For some applications, the feedback is updated periodically by inputting the current heart rate. For some applications, such updating occurs at equally-spaced intervals. Alternatively, the feedback is updated by inputting the current heart rate upon each detection of a feature of the ECG, such as an R-wave. In order to convert non-fixed R-R intervals into a form similar to canonical fixed intervals, the algorithm adds the square of each R-R interval, thus taking into account the non-uniformity of the update interval, e.g., in order to properly analyze feedback stability using standard tools and methods developed for canonical feedback.

In an embodiment of the present invention, control unit 20 implements a detection blanking period, during which the control unit does not detect heart beats. In some instances, such non-detection may reduce false detections of heart beats. One or both of the following techniques are typically implemented:

- Absolute blanking. An expected maximal heart rate is used to determine a minimum interval between expected heart beats.

During this interval, the control unit does not detect heart beats, thereby generally reducing false detections. For example, the expected maximal heart rate may be 200 BPM, resulting in a minimal detection interval of 300 milliseconds. After detection of a beat, the control unit disregards any signals indicative of a beat during the next 300 milliseconds.

- Stimulation blanking. During application of a stimulation burst, and for an interval thereafter, the control unit does not detect heart beats, thereby generally reducing false detections of stimulation artifacts as beats. For example, assume stimulation is applied with the following parameters: a PPT of 5 pulses, a pulse width of 1 ms, and a pulse repetition interval of 5 ms. The control unit disregards any signals indicative of a beat during the entire 25 ms duration of the burst and for an additional interval thereafter, e.g., 50 ms, resulting in a total blanking period of 75 ms beginning with the start of the burst.

In an embodiment of the present invention, the heart rate regulation algorithm is implemented using only integer arithmetic. For example, division is implemented as integer division by a power of two, and multiplication is always of two 8-bit numbers. For some applications, time is measured in units of 1/128 of a second.

In an embodiment of the present invention, control unit 20 implements an integral feedback controller, which can most generally be described by:

$$K = K_I * \int e \, dt$$

in which K represents the strength of the feedback, K_I is a coefficient, and $\int e \, dt$ represents the cumulative error. It is to be understood that such an integral feedback controller can be implemented in hardware, or in software running in control unit 20.

In an embodiment of such an integral controller, heart rate is typically expressed as an R-R interval (the inverse of heart rate). Parameters of the integral

controller typically include TargetRR (the target R-R interval) and TimeCoeff (which determines the overall feedback reaction time).

Typically, following the detection of each R-wave, the previous R-R interval is calculated and assigned to a variable (LastRR). e (i.e., the difference
5 between the target R-R interval and the last measured R-R interval) is then calculated as:

$$e = \text{TargetRR} - \text{LastRR}$$

e is typically limited by control unit 20 to a certain range, such as between -0.25 and +0.25 seconds, by reducing values outside the range to the endpoint values of
10 the range. Similarly, LastRR is typically limited, such as to 255/128 seconds. The error is then calculated by multiplying LastRR by e:

$$\text{Error} = e * \text{LastRR}$$

A cumulative error (representing the integral in the above generalized equation) is then calculated by dividing the error by TimeCoeff and adding the
15 result to the cumulative error, as follows:

$$\text{Integral} = \text{Integral} + \text{Error} / 2\text{TimeCoeff}$$

The integral is limited to positive values less than, e.g., 36,863. The number of pulses applied in the next series of pulses (pulses per trigger, or PPT) is equal to the
integral / 4096.

20 The following table illustrates example calculations using a heart rate regulation algorithm that implements an integral controller, in accordance with an embodiment of the present invention. In this example, the parameter TargetRR (the target heart rate) is set to 1 second (128/128 seconds), and the parameter TimeCoeff is set to 0. The initial value of Integral is 0. As can be seen in the table, the number
25 of pulses per trigger (PPT) increases from 0 during the first heart beat, to 2 during the fourth heart beat of the example.

	Heart Beat Number			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Heart rate (BPM)	100	98	96	102
R-R interval (ms)	600	610	620	590
R-R (1/128 sec)	76	78	79	75
e (1/128 sec)	52	50	49	53
Limited e	32	32	32	32
Error	2432	2496	2528	2400
Integral	2432	4928	7456	9856
PPT	0	1	1	2

In an embodiment of the present invention, the heart rate regulation algorithm corrects for missed heart beats (either of physiological origin or because of a failure to detect a beat). Typically, to perform this correction, any R-R interval which is about twice as long as the immediately preceding R-R interval is interpreted as two R-R intervals, each having a length equal to half the measured interval. For example, the R-R interval sequence (measured in seconds) 1, 1, 1, 2.2 is interpreted by the algorithm as the sequence 1, 1, 1, 1.1, 1.1. Alternatively or additionally, the algorithm corrects for premature beats, typically by adjusting the timing of beats that do not occur approximately halfway between the preceding and following beats. For example, the R-R interval sequence (measured in seconds) 1, 1, 0.5, 1.5 is interpreted as 1, 1, 1, 1, using the assumption that the third beat was premature.

In an embodiment of the present invention, control unit 20 is configured to operate in one of the following modes:

- vagal stimulation is not applied when the heart rate of the subject is lower than the low end of the normal range of a heart rate of the subject and/or of a typical human subject;
- vagal stimulation is not applied when the heart rate of the subject is lower than a threshold value equal to the current low end of the range of the heart rate of the subject, i.e., the threshold value is

variable over time as the low end generally decreases as a result of chronic vagal stimulation treatment;

- vagal stimulation is applied only when the heart rate of the subject is within the normal of range of a heart rate of the subject and/or of a typical human subjects;
- vagal stimulation is applied only when the heart rate of the subject is greater than a programmable threshold value, such as a rate higher than a normal rate of the subject and/or a normal rate of a typical human subject. This mode generally removes peaks in heart rate; or
- vagal stimulation is applied using fixed programmable parameters, i.e., not in response to any feedback, target heart rate, or target heart rate range. These parameters may be externally updated from time to time, for example by a physician.

In an embodiment of the present invention, the amplitude of the applied stimulation current is calibrated by fixing a number of pulses in the series of pulses (per cardiac cycle), and then increasing the applied current until a desired pre-determined heart rate reduction is achieved. Alternatively, the current is calibrated by fixing the number of pulses per series of pulses, and then increasing the current to achieve a substantial reduction in heart rate, e.g., 40%.

In embodiments of the present invention in which vagal stimulation system 18 comprises implanted device 25 for monitoring and correcting the heart rate, control unit 20 typically uses measured parameters received from device 25 as additional inputs for determining the level and/or type of stimulation to apply. Control unit 20 typically coordinates its behavior with the behavior of device 25. Control unit 20 and device 25 typically share sensors 26 in order to avoid redundancy in the combined system.

Optionally, vagal stimulation system 18 comprises a patient override, such as a switch that can be activated by the patient using an external magnet. The override typically can be used by the patient to activate vagal stimulation, for example in the event of arrhythmia apparently undetected by the system, or to

deactivate vagal stimulation, for example in the event of apparently undetected physical exertion.

Fig. 5 is a simplified illustration of an ECG recording 70 and example timelines 72 and 76 showing the timing of the application of a burst of stimulation pulses 74, in accordance with an embodiment of the present invention. Stimulation is typically applied to vagus nerve 36 in a closed-loop system in order to achieve and maintain the desired target heart rate, determined as described above. Precise graded slowing of the heart beat is typically achieved by varying the number of nerve fibers stimulated, in a smaller-to-larger diameter order, and/or the intensity of vagus nerve stimulation, such as by changing the stimulation amplitude, pulse width, PPT, and/or delay. Stimulation with blocking, as described herein, is typically applied during each cardiac cycle in burst of pulses 74, typically containing between about 1 and about 20 pulses, each of about 1 - 3 milliseconds duration, over a period of about 1 - 200 milliseconds. Advantageously, such short pulse durations generally do not substantially block or interfere with the natural efferent or afferent action potentials traveling along the vagus nerve. Additionally, the number of pulses and/or their duration is sometimes varied in order to facilitate achievement of precise graded slowing of the heart beat.

In an embodiment of the present invention (e.g., when the heart rate regulation algorithm described hereinabove is not implemented), to apply the closed-loop system, the target heart rate is expressed as a ventricular R-R interval (shown as the interval between R_1 and R_2 in Fig. 5). The actual R-R interval is measured in real time and compared with the target R-R interval. The difference between the two intervals is defined as a control error. Control unit 20 calculates the change in stimulation necessary to move the actual R-R towards the target R-R, and drives electrode device 40 to apply the new calculated stimulation. Intermittently, e.g., every 1, 10, or 100 beats, measured R-R intervals or average R-R intervals are evaluated, and stimulation of the vagus nerve is modified accordingly.

In an embodiment, vagal stimulation system 18 is further configured to apply stimulation responsive to pre-set time parameters, such as intermittently, constantly, or based on the time of day.

Alternatively or additionally, one or more of the techniques of smaller-to-larger diameter fiber recruitment, selective fiber population stimulation and blocking, and varying the intensity of vagus nerve stimulation by changing the stimulation amplitude, pulse width, PPT, and/or delay, are applied in conjunction with methods and apparatus described in one or more of the patents, patent applications, articles and books cited herein.

10 In an embodiment of the present invention, control unit 20 is configured to stimulate vagus nerve 36 so as to suppress the adrenergic system, in order to treat a subject suffering from a heart condition. For example, such vagal stimulation may be applied for treating a subject suffering from heart failure. In heart failure, hyper-activation of the adrenergic system damages the heart. This damage causes further
15 activation of the adrenergic system, resulting in a vicious cycle. High adrenergic tone is harmful because it often results in excessive release of angiotensin and epinephrine, which increase vascular resistance (blood pressure), reduce heart rest time (accelerated heart rate), and cause direct toxic damage to myocardial muscles through oxygen free radicals and DNA damage. Artificial stimulation of the vagus
20 nerve causes a down regulation of the adrenergic system, with reduced release of catecholamines. The natural effects of vagal stimulation, applied using the techniques described herein, typically reduces the release of catecholamines in the heart, thereby lowering the adrenergic tone at its source.

In an embodiment of the present invention, control unit 20 is configured to
25 stimulate vagus nerve 36 so as to modulate atrial and ventricular contractility, in order to treat a subject suffering from a heart condition. Vagal stimulation generally reduces both atrial and ventricular contractility (see, for example, the above-cited article by Levy MN et al., entitled "Parasympathetic Control of the Heart"). Vagal stimulation, using the techniques described herein, typically (a)
30 reduces the contractility of the atria, thereby reducing the pressure in the venous system, and (b) reduces the ventricular contractile force of the atria, which may

reduce oxygen consumption, such as in cases of ischemia. For some applications, vagal stimulation, as described herein, is applied in order to reduce the contractile force of the ventricles in cases of hypertrophic cardiopathy. The vagal stimulation is typically applied with a current of at least about 4 mA.

5 In an embodiment of the present invention, control unit 20 is configured to stimulate vagus nerve 36 so as to improve coronary blood flow, in order to treat a subject suffering from a heart condition. Improving coronary blood flow by administering acetylcholine is a well known technique. For example, during Percutaneous Transluminal Coronary Angioplasty (PTCA), when maximal coronary
10 dilation is needed, direct infusion of acetylcholine is often used to dilate the coronary arteries (see, for example, the above-cited article by Feliciano L et al.). For some applications, the vagal stimulation techniques described herein are used to improve coronary blood flow in subjects suffering from myocardial ischemia, ischemic heart disease, heart failure, and/or variant angina (spastic coronary
15 arteries). It is hypothesized that such vagal stimulation simulates the effect of acetylcholine administration.

 Although embodiments of the present invention are described herein, in some cases, with respect to treating specific heart conditions, it is to be understood that the scope of the present invention generally includes utilizing the techniques
20 described herein to controllably stimulate the vagus nerve to facilitate treatments of, for example, heart failure, atrial fibrillation, and ischemic heart diseases. In particular, the techniques described herein may be performed in combination with other techniques, which are well known in the art or which are described in the references cited herein, that stimulate the vagus nerve in order to achieve a desired
25 therapeutic end.

 For some applications, techniques described herein are used to apply controlled stimulation to one or more of the following: the lacrimal nerve, the salivary nerve, the vagus nerve, the pelvic splanchnic nerve, or one or more sympathetic or parasympathetic autonomic nerves. Such controlled stimulation
30 may be used, for example, to regulate or treat a condition of the lung, heart,

stomach, pancreas, small intestine, liver, spleen, kidney, bladder, rectum, large intestine, reproductive organs, or adrenal gland.

It will be appreciated by persons skilled in the art that the present invention is not limited to what has been particularly shown and described hereinabove.

- 5 Rather, the scope of the present invention includes both combinations and subcombinations of the various features described hereinabove, as well as variations and modifications thereof that are not in the prior art, which would occur to persons skilled in the art upon reading the foregoing description.

CLAIMS

1. Apparatus for treating a subject, comprising:
an electrode device, adapted to be coupled to a vagus nerve of the subject;
a heart rate sensor, configured to detect a heart rate of the subject, and to
5 generate a heart rate signal responsive thereto; and
a control unit, adapted to:
receive the heart rate signal, and
responsive to determining that the heart rate is greater than a threshold
value, which threshold value is greater than a normal heart rate, drive the electrode
10 device to apply a current to the vagus nerve, and configure the current so as to
reduce the heart rate of the subject.
2. The apparatus according to claim 1,
wherein the control unit is adapted to configure the current to include a
stimulating current, which is capable of inducing action potentials in a first set and a
15 second set of nerve fibers of the vagus nerve, and an inhibiting current, which is
capable of inhibiting the induced action potentials traveling in the second set of
nerve fibers, the nerve fibers in the second set having generally larger diameters
than the nerve fibers in the first set, and
wherein the control unit is adapted to drive the electrode device to apply the
20 stimulating current and the inhibiting current to the vagus nerve.
3. The apparatus according to claim 1,
wherein the current includes a stimulating current, which is capable of
inducing action potentials in the vagus nerve, and an inhibiting current, which is
capable of inhibiting device-induced action potentials traveling in the vagus nerve
25 in an afferent direction toward a brain of the subject, and
wherein the control unit is adapted to drive the electrode device to apply the
stimulating current and the inhibiting current to the vagus nerve.
4. The apparatus according to claim 1, wherein the vagus nerve includes small-
, medium-, and large-diameter fibers, and wherein the electrode device comprises:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

5 an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

wherein the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-
10 diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

15 5. The apparatus according to claim 1, wherein the control unit is adapted to utilize a value of at least 100 beats per minute as the threshold value.

6. The apparatus according to claim 1, wherein the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia.

20 7. The apparatus according to claim 1, wherein the control unit is adapted to configure the current so as to reduce the heart rate towards a target heart rate.

8. The apparatus according to claim 1, wherein the normal heart rate includes a normal heart rate of the subject.

9. The apparatus according to claim 1, wherein the normal heart rate includes a
25 normal heart rate of a typical human.

10. The apparatus according to claim 1, wherein the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.

11. The apparatus according to claim 1, wherein the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.
12. The apparatus according to claim 1, comprising an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, wherein the control unit is adapted to withhold driving the electrode device to apply the current to the vagus nerve if the control unit is driving the electrode selected from the list.
13. The apparatus according to any one of claims 1-12, wherein the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.
14. The apparatus according to claim 13, wherein the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.
15. 15. The apparatus according to claim 13, wherein the control unit is adapted to configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.
16. The apparatus according to claim 13, wherein the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.
- 20 17. The apparatus according to claim 13, comprising an electrocardiogram (ECG) monitor, adapted to generate an ECG signal, wherein the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.
18. Apparatus for applying current to a vagus nerve, comprising:
- 25 a cathode, adapted to be disposed at a cathodic site of the vagus nerve and to apply a cathodic current to the vagus nerve so as to stimulate the vagus nerve;
- a first anode, adapted to be disposed at a first anodal site of the vagus nerve;
- and

a second anode, directly electrically connected to the first anode, and adapted to be disposed at a second anodal site of the vagus nerve, such that the cathodic site is between the first anodal site and the second anodal site.

19. The apparatus according to claim 18, wherein the cathode and anodes are
5 disposed such that the cathodic site is disposed closer to the first anodal site than to the second anodal site.

20. The apparatus according to claim 18, wherein the nerve includes small-, medium-, and large-diameter fibers, and comprising a control unit, adapted to:

10 drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the first and second anodes to apply to the vagus nerve an anodal current having an anodal amplitude sufficient to inhibit action potentials in the
15 large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

21. The apparatus according to claim 18, comprising:

a control unit; and

20 an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart,

wherein the control unit is adapted to drive current through the cathode and the first and second anodes, and wherein the control unit is adapted to withhold driving current through the cathode and the first and second anodes if the control unit is driving current through the electrode selected from the list.

25 22. The apparatus according to any one of claims 18-21, comprising a control unit, adapted to:

drive the cathode to apply the cathodic current,

configure the cathodic current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, the nerve fibers in the second set
30 having generally larger diameters than the nerve fibers in the first set,

drive an anodal current to the first and second anodes, whereby the first and

second anodes apply current to the vagus nerve at levels corresponding to respective first and second anodal currents, and

configure the anodal current driven to the first and second anodes to inhibit the induced action potentials traveling in the second set of nerve fibers.

5 23. The apparatus according to claim 22,

wherein the first and second anodes are configured such that a level of impedance between the first anode and the cathode is lower than a level of impedance between the second anode and the cathode,

10 wherein the control unit is adapted to configure the anodal current driven to the first and second anodes such that the first anodal current inhibits the induced action potentials traveling in the first set of nerve fibers, and

15 wherein the control unit is adapted to configure the anodal current driven to the first and second anodes to be such that the second anodal current is generally insufficient to inhibit the induced action potentials traveling in the first set of nerve fibers.

24. Apparatus for treating a subject, comprising:

an electrode device, adapted to be coupled to a vagus nerve of the subject;

a sensor, configured to detect a heart rate of the subject, and to generate a heart rate signal responsive thereto; and

20 a control unit comprising an integral feedback controller that has inputs comprising the detected heart rate and a target heart rate, the control unit adapted to:

drive the electrode device to apply a current to the vagus nerve, and

configure the current responsive to an output of the integral feedback controller, so as to reduce the heart rate of the subject toward a target heart rate.

25 25. The apparatus according to claim 24,

30 wherein the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a second set of nerve fibers of the vagus nerve, and an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set, and

wherein the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

26. The apparatus according to claim 24,

5 wherein the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve in an afferent direction toward a brain of the subject, and

wherein the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

10 27. The apparatus according to claim 24, wherein the vagus nerve includes small-, medium-, and large-diameter fibers, and wherein the electrode device comprises:

15 a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

an anode, adapted to be disposed at an anodal site of the vagus nerve, and to apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

wherein the control unit is adapted to:

20 drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

25 drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

28. The apparatus according to claim 24, wherein the control unit is adapted to change the parameter by:

30 determining a target value of the parameter, which target value is substantially appropriate for achieving the target heart rate,

determining an intermediate value for the parameter, the intermediate value

between a current value of the parameter and the target value of the parameter, and
setting the parameter at the intermediate value.

29. The apparatus according to claim 24, wherein the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less
5 than a value associated with bradycardia.
30. The apparatus according to claim 24, wherein the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.
31. The apparatus according to claim 24, wherein the control unit is adapted to
10 drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.
32. The apparatus according to claim 24, comprising an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, wherein the control unit is adapted to withhold driving the
15 electrode device to apply the current to the vagus nerve when the control unit drives the electrode selected from the list.
33. The apparatus according to claim 24, wherein the integral feedback controller is adapted to calculate a difference between the target heart rate and the detected heart rate, and wherein the control unit is adapted to set a level of a
20 stimulation parameter of the current responsive to a summation over time of the difference.
34. The apparatus according to any one of claims 24-33, wherein the control unit is adapted to set a level of a stimulation parameter of the current by selecting the level from fewer than 16 discrete values.
- 25 35. The apparatus according to claim 34, wherein the control unit is adapted to set the level of the stimulation parameter of the current by selecting the level from fewer than 10 discrete values.
36. The apparatus according to claim 34, wherein the level of the stimulation parameter of the current includes a number of pulses to apply during a cardiac

cycle, and wherein the control unit is adapted to set the number to be a number between 0 and 16.

37. The apparatus according to claim 34, wherein when a value of the level of the stimulation parameter suitable to achieve the target heart rate is between two of the discrete values, the control unit is adapted to vary the level, in turns, between the two of the discrete values.

38. The apparatus according to claim 37, wherein when the suitable value of the level is between the two discrete values, the control unit is adapted to vary the level from a first one of the two discrete values, to a second one of the two discrete values, and back to the first one of the two discrete values, in a time period lasting fewer than 20 heartbeats.

39. The apparatus according to claim 37, wherein when the suitable value of the level is between the two discrete values, the control unit is adapted to vary the level from a first one of the two discrete values, to a second one of the two discrete values, and back to the first one of the two discrete values, in a time period lasting fewer than 10 heartbeats.

40. The apparatus according to any one of claims 24-33, wherein the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.

41. The apparatus according to claim 40, wherein the at least one parameter includes a number of pulses per burst, and wherein the control unit is adapted to change the at least one parameter by changing the number of pulses per burst no more than once in any given 15-second period during regular operation of the apparatus.

42. The apparatus according to claim 40, wherein the at least one parameter includes a number of pulses per burst, and wherein the control unit is adapted to change the at least one parameter by changing, during any given 15-second period during regular operation of the apparatus, the number of pulses per burst by no more than one pulse.

43. The apparatus according to claim 40, wherein the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.
44. The apparatus according to claim 40, wherein the control unit is adapted to
5 configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.
45. The apparatus according to claim 40, wherein the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.
46. The apparatus according to claim 40, comprising an electrocardiogram
10 (ECG) monitor, adapted to measure an ECG signal, wherein the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.
47. The apparatus according to claim 40, wherein the control unit is adapted to set a control parameter of a feedback algorithm governing the current application to
15 be a number of pulses per burst.
48. The apparatus according to claim 40, wherein the at least one parameter includes a number of pulses per burst, and wherein the control unit is adapted to change the at least one parameter by changing, over the period, the number of pulses per burst by less than about three pulses.
- 20 49. The apparatus according to claim 48, wherein the control unit is adapted to change the at least one parameter by changing, over the period, the number of pulses per burst by exactly one pulse.
50. The apparatus according to claim 48, wherein the control unit is adapted to change the at least one parameter by changing, during each of two consecutive
25 periods, the number of pulses per burst by less than about three pulses, each of the two consecutive periods having a duration of at least about 15 seconds.
51. The apparatus according to claim 50, wherein the control unit is adapted to change the at least one parameter by changing, during each of the two consecutive periods, the number of pulses per burst by exactly one pulse.
- 30 52. The apparatus according to any one of claims 24-33, wherein the control

unit is adapted to change the at least one parameter at a rate of change, the rate of change determined at least in part responsive to a heart rate variable selected from: an R-R interval of the subject and a time derivative of the heart rate of the subject.

53. The apparatus according to claim 52, wherein the control unit is adapted to
5 increase the rate of change as the heart rate approaches a threshold limit greater than a normal heart rate of the subject.

54. The apparatus according to claim 52, wherein the control unit is adapted to increase the rate of change as the heart rate approaches a threshold limit less than a normal heart rate of the subject.

10 55. The apparatus according to claim 52, wherein the control unit is adapted to decrease the rate of change as the heart rate increases, and to increase the rate of change as the heart rate decreases.

56. The apparatus according to claim 24, wherein the control unit is adapted to use a time derivative of an R-R interval of the subject as an input to a feedback
15 algorithm governing the current application.

57. The apparatus according to claim 24, wherein the control unit is adapted to correct for an absence of an expected heartbeat.

58. The apparatus according to claim 24, wherein the control unit is adapted to sense an R-R interval and: (a) store the sensed R-R interval, if the sensed R-R
20 interval is less than a threshold value, and (b) store the threshold value, if the sensed R-R interval is greater than the threshold value.

59. The apparatus according to any one of claims 24-33, wherein the control unit is adapted to cycle between "on" periods, during which the control unit drives the electrode device to apply the current, and "off" periods, during which the control
25 unit withholds driving the electrode device.

60. The apparatus according to claim 59, wherein the control unit is adapted to determine a desired level of stimulation applied by the electrode device, and to configure the cycling between the "on" and "off" periods responsive to the desired level of stimulation.

30 61. The apparatus according to claim 59, wherein the control unit is adapted to

set each of the "on" periods to have a duration of less than about 300 seconds.

62. The apparatus according to claim 59, wherein the control unit is adapted to set each of the "off" periods to have a duration of between about 0 and about 300 seconds.

5 63. The apparatus according to claim 59, wherein the control unit is adapted to set the parameter at a beginning of one of the "on" periods equal to a value of the parameter at an end of an immediately preceding one of the "on" periods.

64. The apparatus according to claim 59, wherein the control unit is adapted to configure the current using an algorithm that disregards between about one and
10 about five heart beats at a beginning of each of the "on" periods.

65. The apparatus according to claim 59, wherein the control unit is adapted to set the target heart rate during at least one of the "on" periods at least in part responsive to a historic heart rate sensed during a preceding one of the "off" periods.

15 66. The apparatus according to claim 65, wherein the control unit is adapted to set the target heart rate during the at least one of the "on" periods at least in part responsive to a historic heart rate sensed during an immediately preceding one of the "off" periods.

67. Apparatus for treating a heart condition of a subject, comprising:
20 an electrode device, adapted to be coupled to a vagus nerve of the subject; and

a control unit, adapted to cycle between "on" periods, during which the control unit drives the electrode device to apply a current to the vagus nerve, and "off" periods, during which the control unit withholds driving the electrode device,
25 so as to treat the heart condition.

68. The apparatus according to claim 67, wherein the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia.

69. The apparatus according to claim 67, wherein the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.

70. The apparatus according to claim 67, wherein the control unit is adapted to
5 drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

71. The apparatus according to claim 67, comprising an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, wherein the control unit is adapted to withhold driving the
10 electrode device to apply the current to the vagus nerve during an "on" period if the control unit is driving the electrode selected from the list.

72. The apparatus according to any one of claims 67-71, wherein the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.

73. The apparatus according to claim 72, wherein the control unit is adapted to
15 configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.

74. The apparatus according to claim 72, wherein the control unit is adapted to
20 configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

75. The apparatus according to claim 72, wherein the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.

76. The apparatus according to claim 72, comprising an electrocardiogram (ECG) monitor, adapted to measure an ECG signal, wherein the control unit is
25 adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.

77. The apparatus according to claim 67,
wherein the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a
30 second set of nerve fibers of the vagus nerve, and an inhibiting current, which is

capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set, and

5 wherein the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

78. The apparatus according to claim 67,

wherein the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve
10 in an afferent direction toward a brain of the subject, and

wherein the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

79. The apparatus according to claim 67,

wherein the vagus nerve includes small-, medium-, and large-diameter
15 fibers, and wherein the electrode device comprises:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

an anode, adapted to be disposed at an anodal site of the vagus nerve, and to
20 apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

wherein the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-
25 diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

30 80. Apparatus for treating a subject, comprising:

an electrode device, adapted to be coupled to a vagus nerve of the subject;

a sensor, configured to detect a heart rate of the subject, and to generate a heart rate signal responsive thereto; and

a control unit, adapted to:

receive the heart rate signal,

5 drive the electrode device to apply a current to the vagus nerve; and
configure the current to increase a variability of the heart rate.

81. The apparatus according to claim 80,

wherein the control unit is adapted to configure the current to include a stimulating current, which is capable of inducing action potentials in a first set and a
10 second set of nerve fibers of the vagus nerve, and an inhibiting current, which is capable of inhibiting the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set, and

wherein the control unit is adapted to drive the electrode device to apply the
15 stimulating current and the inhibiting current to the vagus nerve.

82. The apparatus according to claim 80,

wherein the current includes a stimulating current, which is capable of inducing action potentials in the vagus nerve, and an inhibiting current, which is capable of inhibiting device-induced action potentials traveling in the vagus nerve
20 in an afferent direction toward a brain of the subject, and

wherein the control unit is adapted to drive the electrode device to apply the stimulating current and the inhibiting current to the vagus nerve.

83. The apparatus according to claim 80, wherein the vagus nerve includes small-, medium-, and large-diameter fibers, and wherein the electrode device
25 comprises:

a cathode, adapted to be disposed at a cathodic site of the vagus nerve, and to apply a cathodic current to the vagus nerve which is capable of inducing action potentials in the vagus nerve; and

an anode, adapted to be disposed at an anodal site of the vagus nerve, and to
30 apply to the vagus nerve an anodal current which is capable of inhibiting action potentials in the vagus nerve, and

wherein the control unit is adapted to:

drive the cathode to apply to the vagus nerve the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

drive the anode to apply to the vagus nerve the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

84. The apparatus according to claim 80, wherein the control unit is adapted to configure the current to increase the variability of the heart rate above a target heart rate variability.

85. The apparatus according to claim 80, wherein the sensor comprises an electrocardiogram (ECG) monitor.

86. The apparatus according to claim 80, wherein the control unit is adapted to withhold driving the electrode device upon determining that the heart rate is less than a value associated with bradycardia.

87. The apparatus according to claim 80, wherein the control unit is adapted to drive the electrode device to apply the current with an amplitude of between about 2 and about 10 milliamps.

88. The apparatus according to claim 80, wherein the control unit is adapted to drive the electrode device to apply the current in intermittent ones of a plurality of cardiac cycles of the subject.

89. The apparatus according to claim 80, comprising an electrode selected from the list consisting of: an electrode for pacing the heart, and an electrode for defibrillating the heart, wherein the control unit is adapted to withhold driving the electrode device to apply the current to the vagus nerve if the control unit is driving the electrode selected from the list.

90. The apparatus according to any one of claims 80-89, wherein the control unit is adapted to drive the electrode device to apply the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.

91. The apparatus according to claim 90, wherein the control unit is adapted to configure each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.
92. The apparatus according to claim 90, wherein the control unit is adapted to
5 configure each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.
93. The apparatus according to claim 90, wherein the control unit is adapted to configure at least one of the bursts to have between about 0 and about 8 pulses.
94. The apparatus according to claim 90, comprising an electrocardiogram
10 (ECG) monitor, adapted to measure an ECG signal, wherein the control unit is adapted to receive the ECG signal, and to initiate the applying of each burst after a delay following detection of a feature of the ECG.
95. The apparatus according to claim 80, wherein the control unit is adapted to configure the current using a feedback algorithm.
- 15 96. A method for treating a subject, comprising:
detecting a heart rate of the subject; and
responsive to determining that the heart rate is greater than a threshold value, which threshold value is greater than a normal heart rate, applying a current to a vagus nerve of the subject, and configuring the current so as to reduce the heart
20 rate of the subject.
97. The method according to claim 96,
wherein applying the current comprises applying a stimulating current and an inhibiting current, and
wherein configuring the current comprises configuring the stimulating
25 current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, and configuring the inhibiting current to inhibit the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.
98. The method according to claim 96,

wherein applying the current comprises applying a stimulating current and an inhibiting current, and

wherein configuring the current comprises configuring the stimulating current to induce action potentials in the vagus nerve, and configuring the inhibiting
5 current to inhibit action potentials induced by the stimulating current and traveling in the vagus nerve in an afferent direction toward a brain of the subject.

99. The method according to claim 96, wherein the vagus nerve includes small-, medium-, and large-diameter fibers, and wherein applying the current comprises:

applying a cathodic current to the vagus nerve at a cathodic site of the vagus
10 nerve, so as to stimulate the vagus nerve, the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers; and

simultaneously applying to the vagus nerve, at an anodal site of the vagus
15 nerve, an anodal current, which is capable of inhibiting action potentials in the vagus nerve, the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

100. The method according to claim 96, wherein applying the current comprises
20 utilizing a value of at least 100 beats per minute as the threshold value.

101. The method according to claim 96, wherein applying the current comprises withholding applying the current upon determining that the heart rate is less than a value associated with bradycardia.

102. The method according to claim 96, wherein configuring the current
25 comprises configuring the current so as to reduce the heart rate towards a target heart rate.

103. The method according to claim 96, wherein the normal heart rate includes a normal heart rate of the subject.

104. The method according to claim 96, wherein the normal heart rate includes a
30 normal heart rate of a typical human.

105. The method according to claim 96, wherein applying the current comprises applying the current with an amplitude of between about 2 and about 10 milliamps.
106. The method according to claim 96, wherein applying the current comprises applying the current in intermittent ones of a plurality of cardiac cycles of the
5 subject.
107. The method according to claim 96, wherein detecting the heart rate comprises:
- detecting a need for a treatment selected from the list consisting of: applying cardiac pacing to the subject and defibrillating the subject;
 - 10 applying the treatment responsive to detecting the need for the treatment; and
 - withholding applying the current to the vagus nerve when applying the treatment.
108. The method according to any one of claims 96-107, wherein applying the
15 current comprises applying the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.
109. The method according to claim 108, wherein configuring the current comprises configuring each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.
- 20 110. The method according to claim 108, wherein configuring the current comprises configuring each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.
111. The method according to claim 108, wherein configuring the current comprises configuring at least one of the bursts to have between about 0 and about
25 8 pulses.
112. The method according to claim 108, wherein applying the current comprises receiving an electrocardiographic signal, and initiating the applying of each burst after a delay following detection of a feature of the signal.
113. A method for applying current to a vagus nerve, comprising:

applying to the vagus nerve, through a common conductor, an anodal current at a first anodal site of the vagus nerve and at a second anodal site of the vagus nerve; and

5 applying a cathodic current to the vagus nerve at a cathodic site of the vagus nerve, so as to stimulate the vagus nerve, the cathodic site disposed between the first anodal site and the second anodal site.

114. The method according to claim 113, wherein applying the cathodic current comprises applying the cathodic current at the cathodic site, disposed closer to the first anodal site than to the second anodal site.

10 115. The method according to claim 113,
 wherein the vagus nerve includes small-, medium-, and large-diameter fibers,

 wherein applying the cathode current comprises applying the cathodic current having a cathodic amplitude sufficient to induce action potentials in the
15 medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers, and

 wherein applying the anodal current comprises applying the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-
20 diameter fibers.

116. The method according to claim 113, comprising:

 configuring the cathodic current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set; and

25 configuring the anodal current to inhibit the induced action potentials traveling in the second set of nerve fibers.

117. The method according to claim 113, comprising:

 detecting a need for a treatment selected from the list consisting of: applying cardiac pacing to the subject and defibrillating the subject;

30 applying the treatment, responsive to detecting the need; and

withholding applying the cathodic current to the vagus nerve when applying the treatment.

118. A method for treating a subject, comprising:

detecting a heart rate of the subject;

5 applying a current to a vagus nerve of the subject; and

 configuring the current so as to reduce the heart rate toward a target heart rate, responsive to an output of an integral feedback controller whose inputs comprise the detected heart rate and a target heart rate.

119. The method according to claim 118,

10 wherein applying the current comprises applying a stimulating current and an inhibiting current, and

 wherein configuring the current comprises configuring the stimulating current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, and configuring the inhibiting current to inhibit the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second
15 set having generally larger diameters than the nerve fibers in the first set.

120. The method according to claim 118,

 wherein applying the current comprises applying a stimulating current and an inhibiting current, and

20 wherein configuring the current comprises configuring the stimulating current to induce action potentials in the vagus nerve, and configuring the inhibiting current to inhibit action potentials induced by the stimulating current and traveling in the vagus nerve in an afferent direction toward a brain of the subject.

121. The method according to claim 118, wherein the vagus nerve includes
25 small-, medium-, and large-diameter fibers, and wherein applying the current comprises:

 applying a cathodic current to the vagus nerve at a cathodic site of the vagus nerve, so as to stimulate the vagus nerve, the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter
30 fibers, but generally insufficient to induce action potentials in the small-diameter fibers; and

simultaneously applying to the vagus nerve, at an anodal site of the vagus nerve, an anodal current, which is capable of inhibiting action potentials in the vagus nerve, the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit
5 action potentials in the medium-diameter fibers.

122. The method according to claim 118, wherein changing the parameter comprises:

determining a target value of the parameter, which target value is substantially appropriate for achieving the target heart rate,
10 determining an intermediate value for the parameter, the intermediate value between a current value of the parameter and the target value of the parameter, and setting the parameter at the intermediate value.

123. The method according to claim 118, wherein applying the current comprises withholding applying the current upon determining that the heart rate is less than a
15 value associated with bradycardia.

124. The method according to claim 118, wherein applying the current comprises applying the current with an amplitude of between about 2 and about 10 milliamps.

125. The method according to claim 118, wherein applying the current comprises applying the current in intermittent ones of a plurality of cardiac cycles of the
20 subject.

126. The method according to claim 118, wherein detecting the heart rate comprises:

detecting a need for a treatment selected from the list consisting of: applying cardiac pacing to the subject and defibrillating the subject;
25 applying the treatment responsive to detecting the need for the treatment; and
withholding applying the current to the vagus nerve when applying the treatment.

127. The method according to claim 118, wherein configuring the current
30 comprises:

calculating a difference between the target heart rate and the detected heart rate; and

setting a level of a stimulation parameter of the current responsive to a summation over time of the difference.

5 128. The method according to any one of claims 118-127, wherein configuring the current comprises setting a level of a stimulation parameter of the current by selecting the level from fewer than 16 discrete values.

129. The method according to claim 128, wherein configuring the current comprises setting the level of the stimulation parameter of the current by selecting
10 the level from fewer than 10 discrete values.

130. The method according to claim 128, wherein the level of the stimulation parameter of the current includes a number of pulses to apply during a cardiac cycle, and wherein selecting the level comprises setting the number to be a number between 0 and 16.

15 131. The method according to claim 128, wherein when a value of the level of the stimulation parameter suitable to achieve the target heart rate is between two of the discrete values, selecting the level comprises varying the level, in turns, between the two of the discrete values.

132. The method according to claim 131, wherein when the suitable value of the
20 level is between the two discrete values, varying the level comprises varying the level from a first one of the two discrete values, to a second one of the two discrete values, and back to the first one of the two discrete values, in a time period lasting fewer than 20 heartbeats.

133. The method according to claim 131, wherein when the suitable value of the
25 level is between the two discrete values, varying the level comprises varying the level from a first one of the two discrete values, to a second one of the two discrete values, and back to the first one of the two discrete values, in a time period lasting fewer than 10 heartbeats.

134. The method according to any one of claims 118-127, wherein applying the current comprises applying the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.

135. The method according to claim 134, wherein the at least one parameter
5 includes a number of pulses per burst, and wherein changing the at least one parameter comprises changing the number of pulses per burst no more than once in any given 15-second period during application of the method.

136. The method according to claim 134, wherein the at least one parameter
10 includes a number of pulses per burst, and wherein changing the at least one parameter comprises changing, during any given approximately 15-second period during application of the method, the number of pulses per burst by no more than one pulse.

137. The method according to claim 134, wherein configuring the current
15 comprises configuring each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.

138. The method according to claim 134, wherein configuring the current
comprises configuring each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

139. The method according to claim 134, wherein configuring the current
20 comprises configuring at least one of the bursts to have between about 0 and about 8 pulses.

140. The method according to claim 134, wherein applying the current comprises receiving an electrocardiographic signal, and initiating the applying of each burst after a delay following detection of a feature of the signal.

141. The method according to claim 134, wherein configuring the current
25 comprises setting a control parameter of a feedback algorithm governing the current application to be a number of pulses per burst.

142. The method according to claim 134, wherein the at least one parameter includes a number of pulses per burst, and wherein changing the at least one

parameter comprises changing, over the period, the number of pulses per burst by less than about three pulses.

143. The method according to claim 142, wherein changing the at least one parameter comprises changing, over the period, the number of pulses per burst by
5 exactly one pulse.

144. The method according to claim 142, wherein changing the at least one parameter comprises changing, during each of two consecutive periods, the number of pulses per burst by less than three pulses, each of the two consecutive periods having a duration of at least 15 seconds.

10 145. The method according to claim 144, wherein changing the number of pulses per burst comprises changing, during each of the two consecutive periods, the number of pulses per burst by exactly one pulse.

146. The method according to any one of claims 118-127, wherein changing the at least one parameter comprises changing the at least one parameter at a rate of
15 change determined at least in part responsive to a heart rate variable selected from: an R-R interval of the subject and a time derivative of the heart rate of the subject.

147. The method according to claim 146, wherein changing the at least one parameter comprises increasing the rate of change as the heart rate approaches a threshold limit greater than a normal heart rate of the subject.

20 148. The method according to claim 146, wherein changing the at least one parameter comprises increasing the rate of change as the heart rate approaches a threshold limit less than a normal heart rate of the subject.

149. The method according to claim 146, wherein changing the at least one parameter comprises decreasing the rate of change as the heart rate increases, and
25 increasing the rate of change as the heart rate decreases.

150. The method according to claim 118, wherein configuring the current comprises using a time derivative of an R-R interval of the subject as an input to a feedback algorithm governing the current application.

151. The method according to claim 118, wherein configuring the current
30 comprises correcting for an absence of an expected heartbeat.

152. The method according to claim 118, wherein configuring the current comprises sensing an R-R interval and: (a) storing the sensed R-R interval, if the sensed R-R interval is less than a threshold value, and (b) storing the threshold value, if the sensed R-R interval is greater than the threshold value.
- 5 153. The method according to any one of claims 118-127, wherein applying the current comprises cycling between "on" periods, during which the current is applied, and "off" periods, during which the current is withheld.
154. The method according to claim 153, wherein applying the current comprises determining a desired level of stimulation to be applied to the vagus nerve, and
10 configuring the cycling between the "on" and "off" periods responsive to the desired level of stimulation.
155. The method according to claim 153, wherein applying the current comprises setting each of the "on" periods to have a duration of less than about 300 seconds.
156. The method according to claim 153, wherein applying the current comprises
15 setting each of the "off" periods to have a duration of between about 0 and about 300 seconds.
157. The method according to claim 153, wherein applying the current comprises setting the parameter at a beginning of one of the "on" periods equal to a value of the parameter at an end of an immediately preceding one of the "on" periods.
- 20 158. The method according to claim 153, wherein configuring the current comprises using an algorithm that disregards between about one and about five heart beats at a beginning of each of the "on" periods.
159. The method according to claim 153, wherein configuring the current comprises setting the target heart rate during at least one of the "on" periods at least
25 in part responsive to a historic heart rate sensed during a preceding one of the "off" periods.
160. The method according to claim 159, wherein configuring the current comprises setting the target heart rate during at least one of the "on" periods at least
30 in part responsive to a historic heart rate sensed during an immediately preceding one of the "off" periods.

161. A method for treating a heart condition of a subject, comprising:
cycling between "on" and "off" periods;
during the "on" periods, applying a current to a vagus nerve of the subject;
and
5 during the "off" periods, withholding applying the current, so as to treat the heart condition.
162. The method according to claim 161, wherein withholding applying the current comprises withholding applying the current upon determining that the heart rate is less than a value associated with bradycardia.
- 10 163. The method according to claim 161, wherein applying the current comprises applying the current with an amplitude of between about 2 and about 10 milliamps.
164. The method according to claim 161, wherein applying the current comprises applying the current in intermittent ones of a plurality of cardiac cycles of the subject.
- 15 165. The method according to claim 161, comprising:
detecting a need for a treatment selected from the list consisting of: applying cardiac pacing to the subject and defibrillating the subject;
withholding applying the current to the vagus nerve during an "on" period, responsive to detecting the need; and
20 applying the treatment responsive to detecting the need for the treatment.
166. The method according to any one of claims 161-165, wherein applying the current comprises applying the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.
167. The method according to claim 166, wherein applying the current comprises
25 configuring each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.
168. The method according to claim 166, wherein applying the current comprises configuring each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

169. The method according to claim 166, wherein applying the current comprises configuring at least one of the bursts to have between about 0 and about 8 pulses.

170. The method according to claim 166, wherein applying the current comprises receiving an electrocardiographic signal, and initiating the applying of each burst
5 after a delay following detection of a feature of the signal.

171. The method according to claim 161, wherein applying the current comprises:

applying a stimulating current and an inhibiting current; and
configuring the stimulating current to induce action potentials in a first set
10 and a second set of nerve fibers of the vagus nerve, and configuring the inhibiting current to inhibit the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

172. The method according to claim 161, wherein applying the current
15 comprises:

applying a stimulating current and an inhibiting current; and
configuring the stimulating current to induce action potentials in the vagus nerve, and configuring the inhibiting current to inhibit action potentials induced by the stimulating current and traveling in the vagus nerve in an afferent direction
20 toward a brain of the subject.

173. The method according to claim 161, wherein the vagus nerve includes small-, medium-, and large-diameter fibers, and wherein applying the current comprises:

applying a cathodic current to the vagus nerve at a cathodic site of the vagus
25 nerve, so as to stimulate the vagus nerve, the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers; and

simultaneously applying to the vagus nerve, at an anodal site of the vagus
30 nerve, an anodal current, which is capable of inhibiting action potentials in the vagus nerve, the anodal current having an anodal amplitude sufficient to inhibit

action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

174. A method for treating a subject, comprising:

detecting a heart rate of the subject;

5 applying a current to a vagus nerve of the subject; and

configuring the current to increase a variability of the heart rate.

175. The method according to claim 174,

wherein applying the current comprises applying a stimulating current and an inhibiting current, and

10 wherein configuring the current comprises configuring the stimulating current to induce action potentials in a first set and a second set of nerve fibers of the vagus nerve, and configuring the inhibiting current to inhibit the induced action potentials traveling in the second set of nerve fibers, the nerve fibers in the second set having generally larger diameters than the nerve fibers in the first set.

15 176. The method according to claim 174,

wherein applying the current comprises applying a stimulating current and an inhibiting current, and

20 wherein configuring the current comprises configuring the stimulating current to induce action potentials in the vagus nerve, and configuring the inhibiting current to inhibit action potentials induced by the stimulating current and traveling in the vagus nerve in an afferent direction toward a brain of the subject.

177. The method according to claim 174, wherein the vagus nerve includes small-, medium-, and large-diameter fibers, and wherein applying the current comprises:

25 applying a cathodic current to the vagus nerve at a cathodic site of the vagus nerve, so as to stimulate the vagus nerve, the cathodic current having a cathodic amplitude sufficient to induce action potentials in the medium- and large-diameter fibers, but generally insufficient to induce action potentials in the small-diameter fibers; and

30 simultaneously applying to the vagus nerve, at an anodal site of the vagus nerve, an anodal current, which is capable of inhibiting action potentials in the

vagus nerve, the anodal current having an anodal amplitude sufficient to inhibit action potentials in the large-diameter fibers, but generally insufficient to inhibit action potentials in the medium-diameter fibers.

178. The method according to claim 174, wherein configuring the current
5 comprises configuring the current to increase the variability of the heart rate above a target heart rate variability.

179. The method according to claim 174, wherein detecting the heart rate comprises receiving an electrocardiographic signal.

180. The method according to claim 174, wherein applying the current comprises
10 withholding applying the current upon determining that the heart rate is less than a value associated with bradycardia.

181. The method according to claim 174, wherein applying the current comprises applying the current with an amplitude of between about 2 and about 10 milliamps.

182. The method according to claim 174, wherein applying the current comprises
15 applying the current in intermittent ones of a plurality of cardiac cycles of the subject.

183. The method according to claim 174, wherein detecting the heart rate comprises:

detecting a need for a treatment selected from the list consisting of: applying
20 cardiac pacing to the subject and defibrillating the subject;

applying the treatment responsive to detecting the need for the treatment;
and

withholding applying the current to the vagus nerve when applying the treatment.

184. The method according to any one of claims 174-183, wherein applying the
25 current comprises applying the current in respective pulse bursts in each of a plurality of cardiac cycles of the subject.

185. The method according to claim 184, wherein configuring the current
30 comprises configuring each pulse of each of the bursts to have a pulse duration of between about 0.2 and about 4 milliseconds.

186. The method according to claim 184, wherein configuring the current comprises configuring each of the bursts to have a pulse repetition interval of greater than about 3 milliseconds.

187. The method according to claim 184, wherein configuring the current
5 comprises configuring at least one of the bursts to have between about 0 and about 8 pulses.

188. The method according to claim 184, where applying the current comprises receiving an electrocardiographic signal, and initiating the applying of each burst after a delay following detection of a feature of the signal.

10 189. The method according to claim 174, wherein configuring the current comprises configuring the current using a feedback algorithm.

190. Apparatus for treating a subject suffering from a heart condition, comprising:

15 an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to suppress an adrenergic system of the subject, so as to treat the subject.

191. The apparatus according to claim 190, wherein the heart condition includes
20 heart failure, and wherein the control unit is adapted to configure the current to treat the heart failure.

192. Apparatus for treating a subject suffering from a heart condition, comprising:

25 an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to modulate contractility of at least a portion of a heart of the subject, so as to treat the subject.

193. The apparatus according to claim 192, wherein the control unit is adapted to
30 configure the current to reduce atrial and ventricular contractility.

194. The apparatus according to claim 192, wherein the heart condition includes hypertrophic cardiopathy, and wherein the control unit is adapted to configure the current so as to treat the hypertrophic cardiopathy.

195. Apparatus for treating a subject suffering from a heart condition,
5 comprising:

an electrode device, adapted to be coupled to a vagus nerve of the subject;
and

a control unit, adapted to drive the electrode device to apply a current to the vagus nerve, and to configure the current to increase coronary blood flow, so as to
10 treat the subject.

196. The apparatus according to claim 195, wherein the heart condition is selected from the list consisting of: myocardial ischemia, ischemic heart disease, heart failure, and variant angina, and wherein the control unit is adapted to configure the current to increase the coronary blood flow so as to treat the selected
15 heart condition.

197. A treatment method, comprising:
identifying a subject suffering from a heart condition;
applying a current to a vagus nerve of the subject; and
configuring the current to suppress an adrenergic system of the subject, so as
20 to treat the subject.

198. The method according to claim 197, wherein identifying the subject comprises identifying a subject suffering from heart failure.

199. A treatment method, comprising:
identifying a subject suffering from a heart condition;
25 applying a current to a vagus nerve of the subject; and
configuring the current to modulate contractility of at least a portion of a heart of the subject, so as to treat the subject.

200. The method according to claim 199, wherein configuring the current comprises configuring the current to reduce atrial and the ventricular contractility.

201. The method according to claim 199, wherein identifying the subject comprises identifying a subject suffering from hypertrophic cardiopathy.

202. A treatment method, comprising:

identifying a subject suffering from a heart condition;

5 applying a current to a vagus nerve of the subject; and

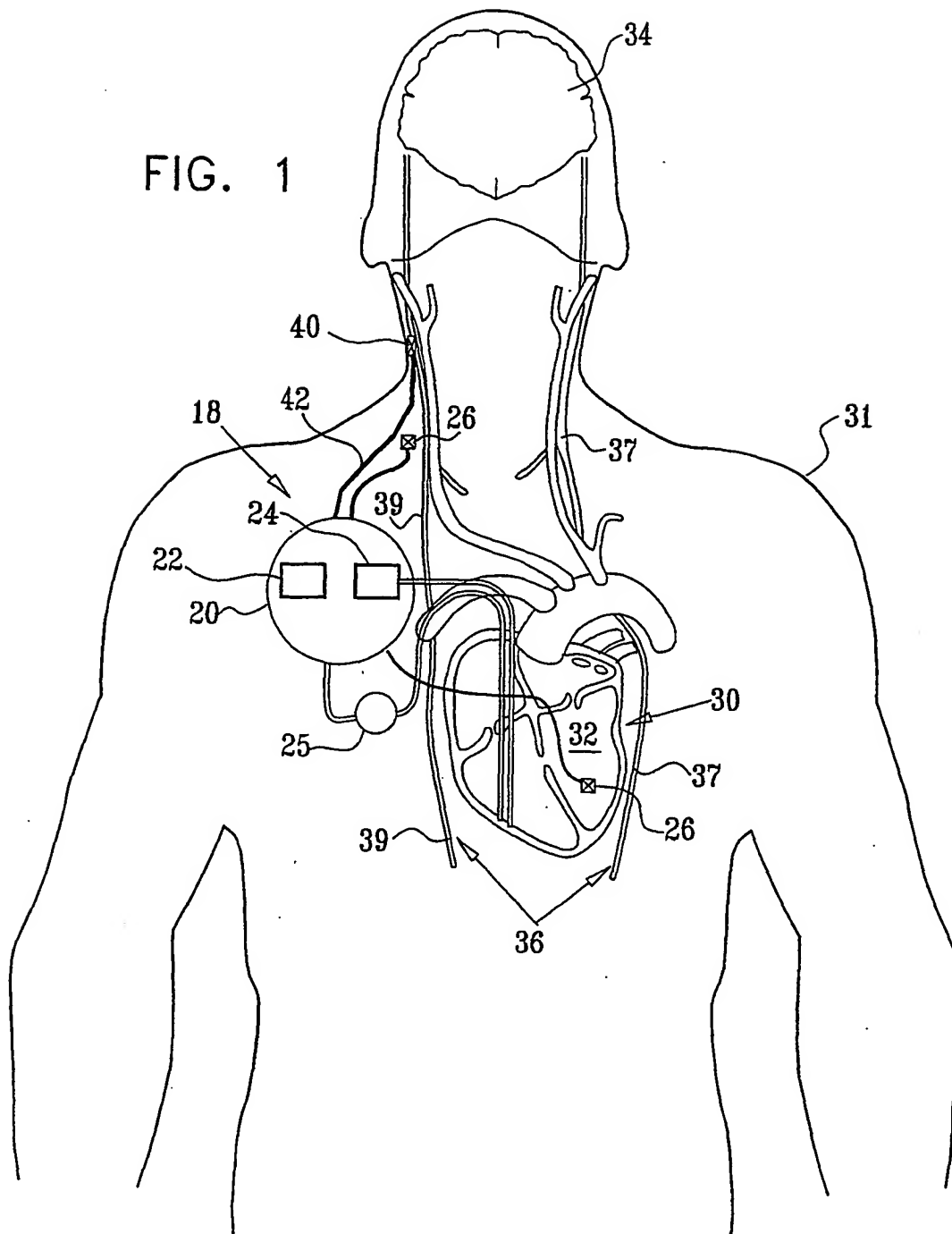
 configuring the current to increase coronary blood flow, so as to treat the subject.

203. The method according to claim 202, wherein identifying the subject comprises identifying a subject suffering from a heart condition selected from the

10 list consisting of: myocardial ischemia, ischemic heart disease, heart failure, and variant angina.

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FIG. 1



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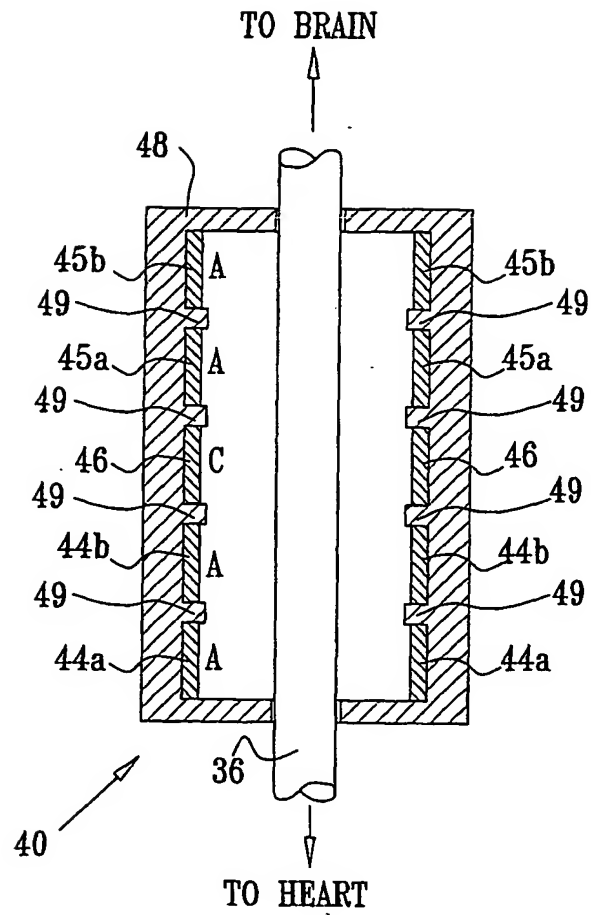


FIG. 2A

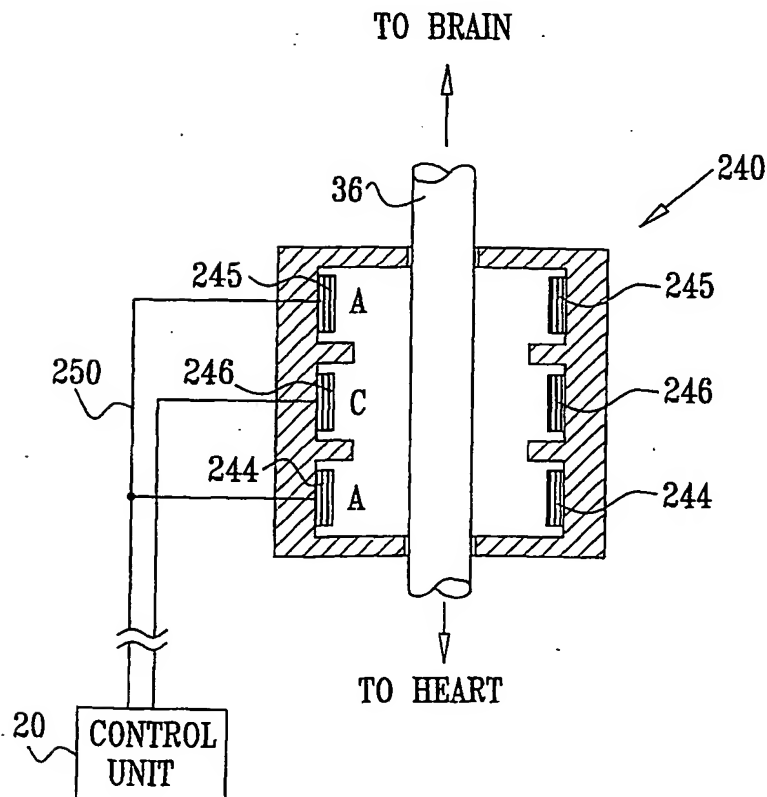
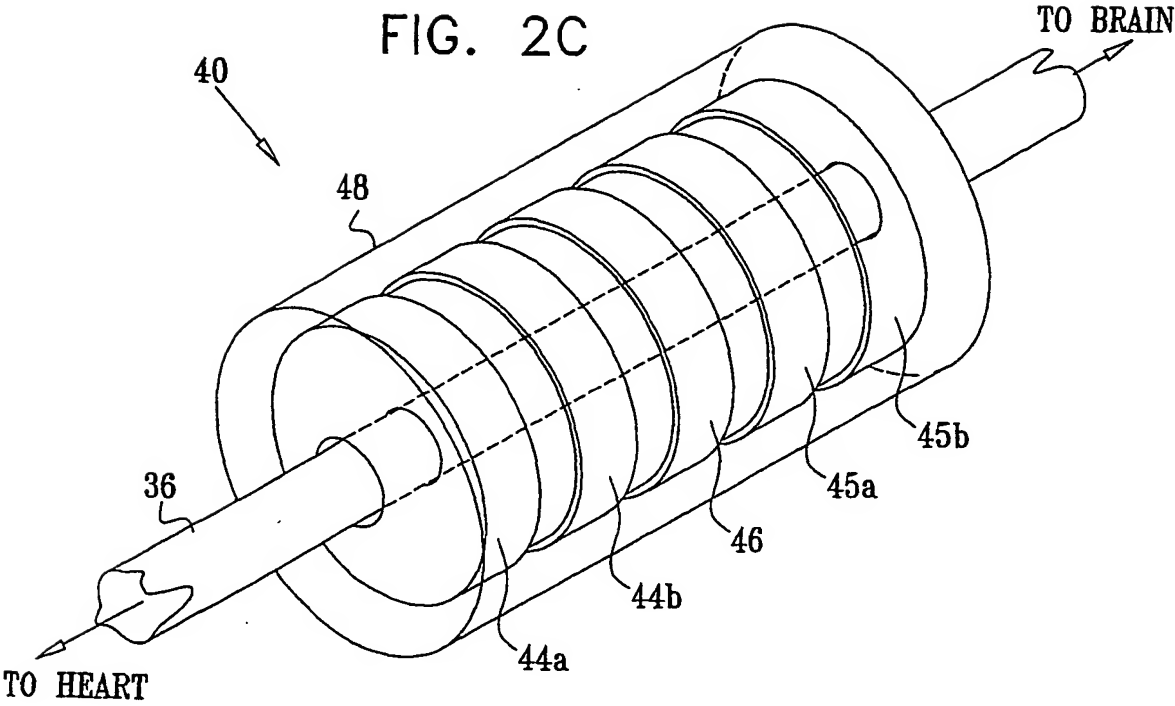
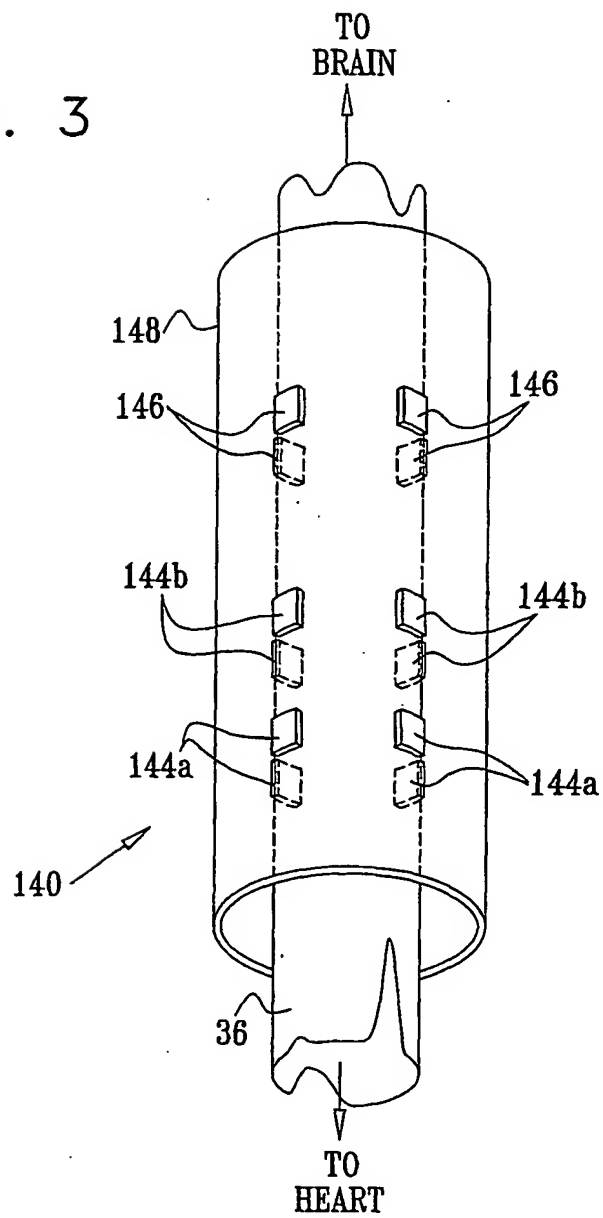


FIG. 2B



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FIG. 3



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FIG. 4

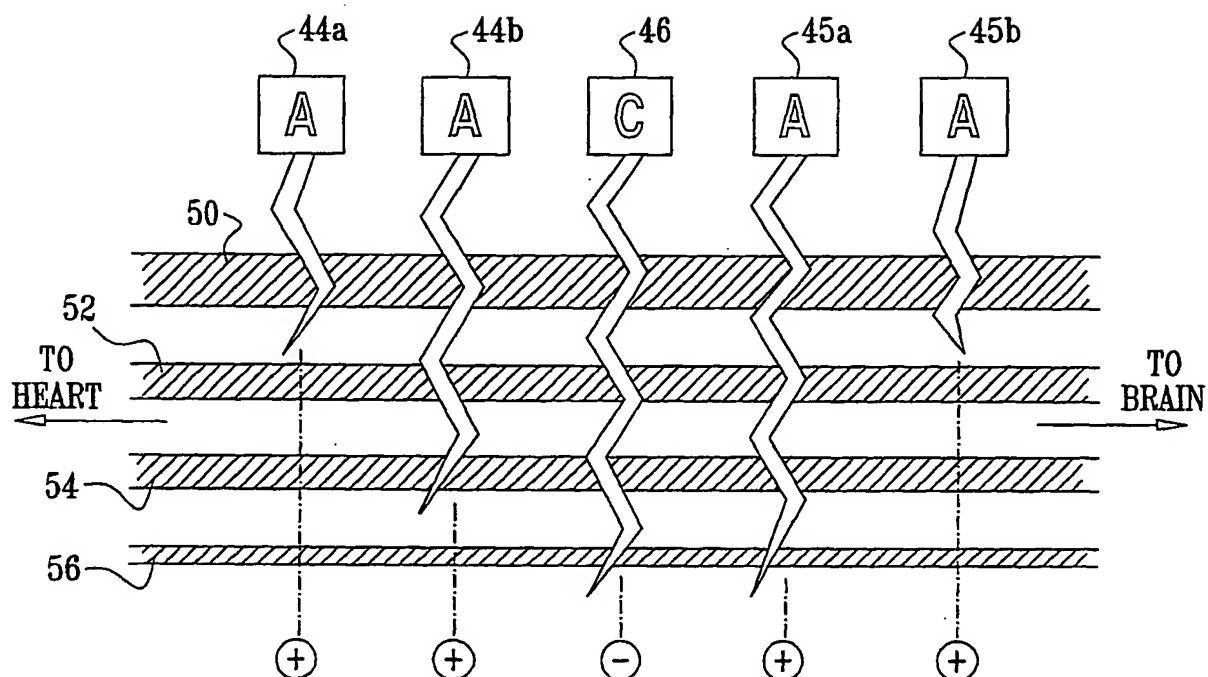
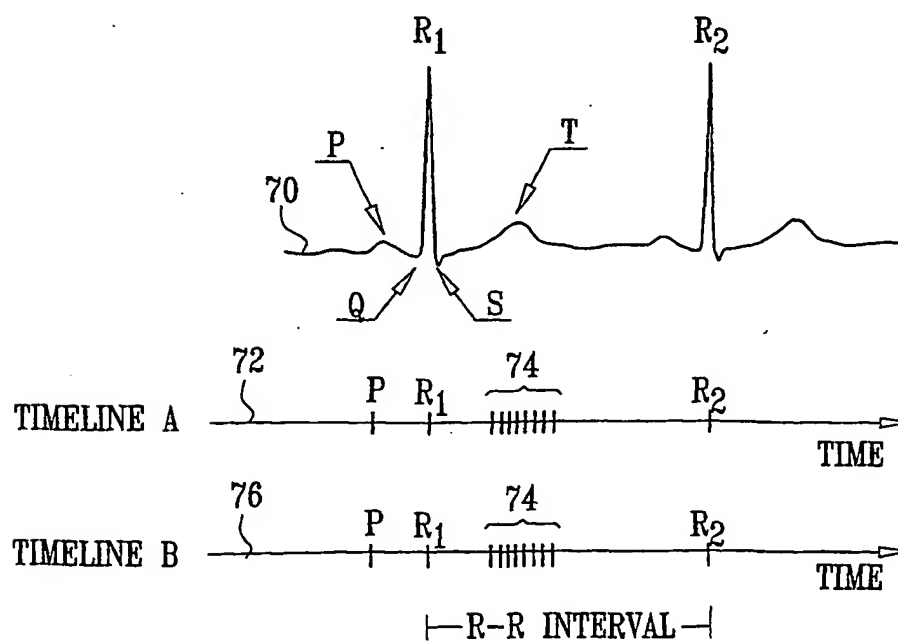


FIG. 5



INTERNATIONAL SEARCH REPORT

International application No.

PCT/IL03/00431

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A61N 1/36, 1/362

US CL : 607/9

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 607/9, 2, 14

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

Please See Continuation Sheet

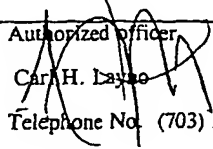
C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 5,330,507 A (SCHWARTZ) 19 July 1994 (19.07.1994), Abstract, Fig.1	1, 24, 96
X	US 6,266,564 B1 (HILL et al) 24 July 2001 (24.07.2001), Fig.3, blocks 54,55.	67
A	US 6,341,236 B1 (OSORIO et al) 22 January 2002 (22.01.2002), all.	1, 24, 96

☐ Further documents are listed in the continuation of Box C.

☐ See patent family annex.

Special categories of cited documents:	
"A" document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"E" earlier application or patent published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"O" document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search 08 October 2003 (08.10.2003)	Date of mailing of the international search report 28 OCT 2003
Name and mailing address of the ISA/US Mail Stop PCT, Attn: ISA/US Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Facsimile No. (703)305-3230	Authorized officer  Carl H. Layton Telephone No. (703) 308-3694

INTERNATIONAL SEARCH REPORT

PCT/IL03/00431

Continuation of B. **FIELDS SEARCHED** Item 3:
EAST
search terms: vagal nerve, second anode, ECG or EKG, timer